



Department of
Children's Services



Department of Children's Services

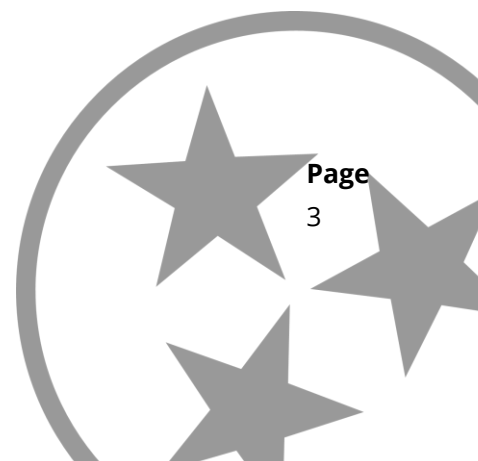
Annual Progress and Services Report

Tennessee Department of Children's Services
July 1, 2017 – June 30, 2018

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Agency Vision, Mission and Strategy

Vision Statement

Tennessee's children and youth are safe, healthy and back on track for success.

Mission Statement

Ensure forever families for children and youth by delivering high-quality, evidence based services in partnership with the community.

Strategic Priorities:

1. **Safety, Health, and Permanency:** Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.
2. **Learning Organization:** Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.
3. **Safe and Engaged Workforce** Support a professional workforce, working in safe and effective teams.
4. **Partnerships:** Build strong and productive relationships with internal and external partners to better serve children, youth and families.
5. **Communications:** Foster trust and credibility with internal and external partners through reliable, accurate, transparent, and timely two-way communication.

Tennessee Department of Children Services

Strategic Plan 2017 - 2019

VISION & MISSION

Vision: Tennessee's children and youth are safe, healthy and back on track for success.

Mission: Ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community.

STRATEGIC PRIORITIES

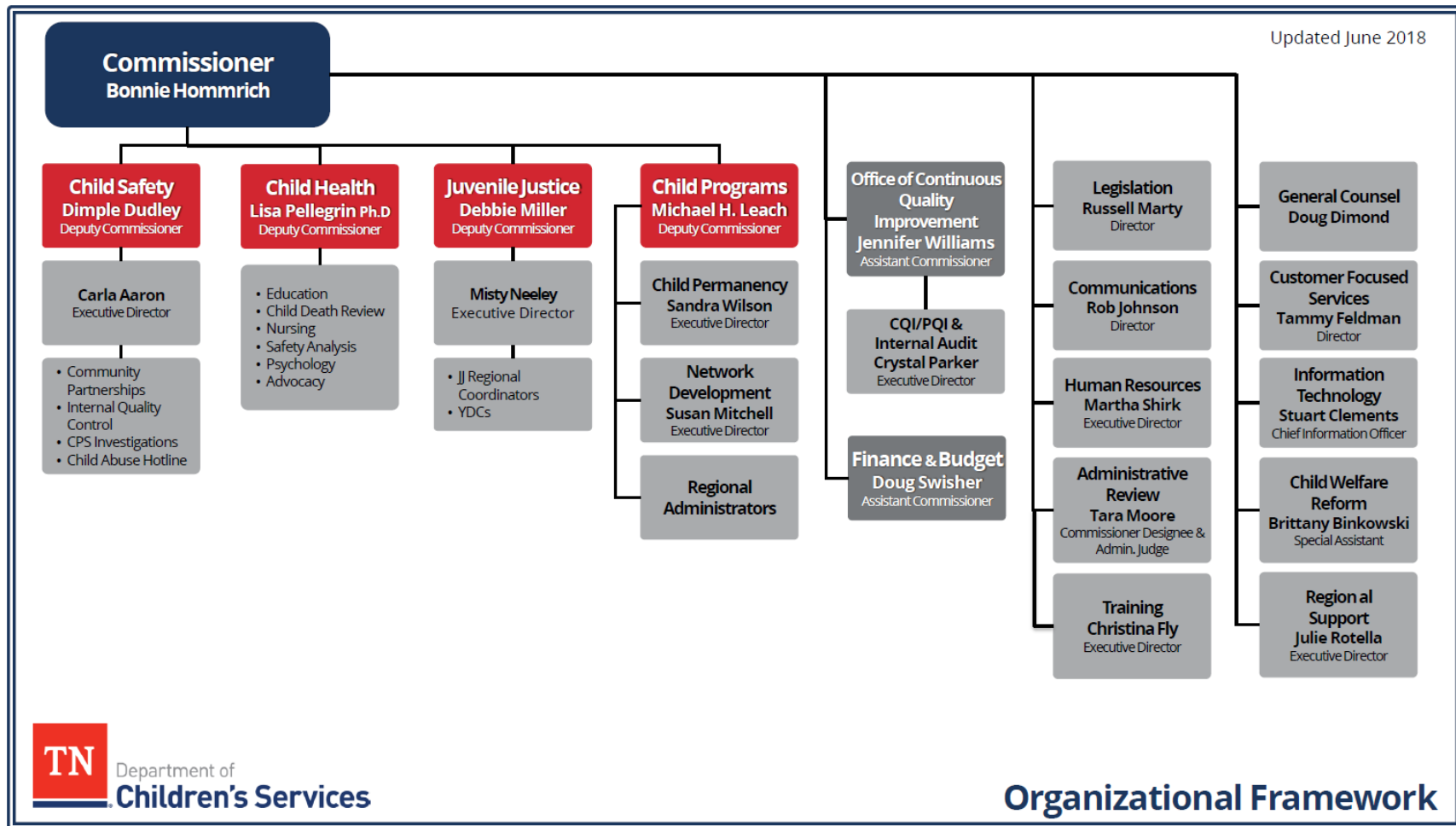
1. Safety, Health & Permanency	2. Learning Organization	3. Safe and Engaged Workforce	4. Partnerships	5. Communications
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STRATEGIC GOALS

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.	Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.	Support a professional workforce, working in safe and effective teams.	Build strong and productive relationships with internal and external partners to better serve children, youth and families.	Foster trust and credibility with internal and external partners through reliable, accurate, transparent, and timely two-way communication.
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OBJECTIVES

1.1 Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family 1.2 Ensure service array and access meets the needs and safety of children, youth and families 1.3 Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support safety and stability in the community.	2.1 Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes 2.2 Ensure integration of DCS data systems with other resources 2.3 Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families.	3.1 Advance a culture of safety and reliability 3.2 Recruit, develop, and retain quality employees and equip them to deliver high quality service through continuous professional development, coaching and training 3.3 Ensure sustainability of efforts through staff retention and thoughtful succession planning	4.1 Foster an environment that supports collaboration with all partners at the local, regional and statewide level 4.2 Ensure DCS professionals at all levels embrace stakeholder input and feel responsibility and ownership for partnerships and teaming 4.3 Build understanding with our partners and stakeholders about common goals and shared responsibilities	5.1 Create and tell a clear story of the Department's work, priorities, and successes 5.2 Encourage safe and respectful workplace communication with strong, consistent skills and tools for staff to know priorities and express concerns 5.3 Enhance transparency and responsiveness by encouraging open dialogue with stakeholders
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Introduction

The Tennessee Department of Children's Services (DCS) is a state administered child welfare system that was created in 1996 by the Tennessee General Assembly, blending services that were previously provided by other state agencies. DCS has the authority/responsibility to provide services to all ninety-five counties within the state as outlined by Tennessee Code Annotated 37-5-106. DCS administers funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independent Living (CFCILP).

The population served by DCS includes children, youth and their families in the custody of the state, and non-custodial children, youth and their families receiving prevention and intervention services to ensure safety, permanency and wellbeing. Children in the custody of the state include those who are determined to be dependent and neglected, as well as children adjudicated delinquent or unruly by the courts. Non-custodial populations include children and families served through Child Protective Services (CPS) who receive services through one of the Multiple Response System (MRS) tracks: Investigations, Assessments, Resource Linkage, and ongoing Family Support Services. Through the Independent Living Program, DCS serves youth who have reached the age of majority and have exited care or remain on a voluntary contract. DCS provides services to non-custodial youth and families of youth placed on state probation and aftercare supervision by the courts.

DCS accomplish this work with many partners. DCS has more than 4,200 employees and a statewide network of foster parents, contract providers, and community partners. The agency collaborates closely with the courts and the legislature and continues to look after the needs of children who come into care or who are at risk of doing so.

This year has been one of the most exciting in DCS history. Most importantly, DCS fulfilled our promise to reform public child welfare in Tennessee by successfully exiting the *Brian A.* federal consent decree, a 17-year-effort that has transformed the Department and the outcomes for the children and families we serve. This summer, U.S. District Court Judge Waverly D. Crenshaw approved the historic agreement between the state and Children's Rights, the New York-based advocacy group that in 2000 filed litigation known as the *Brian A.* lawsuit.

Some additional highlights that will be explored throughout the APSR in greater detail:

- Tennessee experienced an increased number of drug exposed children, particularly in the eastern portion of the state. Due to this increase and the challenges in responding to the opioid issues, the Office of Child Safety (OCS) implemented a Drug Exposed Child Team in March 2017. This team is charged with responding to allegations of drug exposed infants in a manner that is more knowledgeable about addiction and the recovery and relapse cycle, and uses a host of community resources to provide services to parents.
- Legislation was passed in the spring of 2017 which mandated the Department of Children's Services, in collaboration with the Administration of the Courts, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019.
- The transition of two Youth Development Centers (YDCs) marked a significant transition for the care of our Juvenile Justice youth. The Woodland Hills YDC transitioned to the National

Guard for the development of the Youth ChalleNGe program. Youth from Woodland Hills were moved to the New Visions building in February 2017, now called Gateway to Independence. Mountain View YDC was transitioned to private administration effective July 1, 2017 to assist with the development of more community based beds for juvenile justice youth.

- TNFosters, a statewide campaign linking government, faith, non-profit, business, and creative communities was developed to support our state's foster care system. Only some are called to foster or adopt, but we all have the opportunity to make a difference in the life of a child in foster care.
- More than 2,000 iPhones were deployed to make our workforce more mobile.

DCS owes a huge thanks to our staff, our partners, the state's juvenile courts, and our many friends and advocates across Tennessee.

General Information

Collaboration with Community Partners and Stakeholders

DCS collaborates with a wide array of community partners and stakeholders in order, to accomplish the goals set in the Child and Family Service Plan (CFSP), enhance the Child and Family Service Review (CFSR) process, and develop the CFSR Program Improvement Plan (PIP). All levels of DCS staff coordinate with multi-disciplinary stakeholders in law enforcement, healthcare, education, social service, and private providers throughout the state. DCS meets regularly with stakeholders to discuss initiatives under the CFSP and presents data elements on child welfare issues to track, adjust, and plan collaboratively. For the development of this APSR, community stakeholders and all levels of DCS staff informed the work through multiple activities outlined throughout this document. Examples of collaboration with community partners and stakeholders include:

•Contract providers, Court Appointed Special Advocates (CASA), Foster Care Review Board (FCRB) members, Foster Parents, Administrative Offices of the Courts (AOC) staff Guardian ad Litem (GAL), and Parent Attorneys were recruited to serve as shadow Reviewers during the 2017 and 2018 Child and Family Service Review (CFSR) season. Many of these participants then participated in the Regional Debrief Sessions held on the Friday after each CFSR. Engaging the participation of these partners has allowed the Department to begin conversations about improving practice and the development of Tennessee's CFSR Program Improvement Plan and Child and Family Service Plan (CFSP).

- Many community partners and stakeholders have subscribed to the CFSR Newsletter published by the Program Evaluation Team in order to provide updates on the CFSR Reviews and further explain the results of one CFSR indicator in each edition.
- Youth and Foster Parent Surveys are conducted annually by the Program Evaluation Team in order to solicit input from those target groups. The data collected is then used through the DCS Continuous Quality Improvement Process to determine if needed improvements are necessary. DCS previously conducted Birth-parent Surveys to solicit information from these stakeholders. However, due to exceptionally low completion rates DCS has determined that a new method was needed to collect this information. DCS will be conducting these Birth-parent Surveys during the month of October 2018 through its Child and Family Team

Meeting (CFTM) process. If this method proves to be more effective, it will be used moving forward to collect this information at all CFTMs held with a Skilled Facilitator during one full calendar month each year.

- Monthly Interagency Quality Assurance/Quality Improvement (QA/QI) calls are conducted with the QA/QI staff at DCS and contract provider agencies. These calls focus on updating providers about the CFSR items, CFSR PIP development and CFSP.
- DCS conducts numerous informational meetings throughout the year to share information with and solicit input from Stakeholders such as the CFSR Report Out in February 2018 with the Children's Bureau, CFSR PIP Workgroups, Joint Planning Session, Juvenile Court Judge's Conference, Foster Parent Conference, Three Branches Institute (3BI), Children's Advisory Council, and the quarterly Grand-regional Provider Meetings.
- DCS' Program Evaluation Team continues to offer and deliver customizable trainings to providers and stakeholders (internal and external) around the Child and Family Service Review and upcoming CFSP development.

DCS has already begun discussion around development of the CFSP and ensuring stakeholders' voices are heard. The above mentioned examples will continue as DCS moves through the development of the new CFSP. A CFSP Advisory Board has been established that includes partners from the Tennessee Council on Children and Youth (TCCY), Administrative Offices of the Courts (AOC), Tennessee Association of Mental Health Organizations (TAMHO) and the Tennessee Alliance for Children and Families. This Advisory Board will be approving and making recommendations on the suggested one-hundred and twenty-five participants that have been identified to provide input into the development of the new CFSP. Many of these participants have already been involved in the development of the CFSR PIP.

Information is collected from DCS stakeholders through various methods. Contract providers attend Quarterly Grand Regional Provider Meetings where they have an opportunity to voice their opinions or concerns on proposed new policies or procedures that may impact those agencies. For example, during the last Provider Meeting DCS proposed a new method of doing Foster Parent Training (PATH) that would allow providers to attend DCS PATH sessions and vice versa. While many providers were in favor of this, others expressed some concerns about the format and how they feared it may cause Foster Parents recruited by their agency to decide to become DCS Foster Parents. Based on this feedback changes were made to this process.

DCS also uses feedback from members of the Children's Advisory Council made up of Stakeholders representing CASA, providers, Juvenile Courts, Tennessee Commission on Children and Youth, Department of Health, Department of Mental Health and Substance Abuse, EFC youth, and DCS Foster Parents when looking at initiating new programs or making substantial changes to existing programs.

DCS uses the Youth and Foster Parent annual survey results in the CQI process to determine what changes could be made to improve satisfaction with services provided for these groups. DCS was conducting an annual Birth Parent Survey, however, due to exceptionally low responses this survey

was stopped. DCS is currently working on new methods to get birth-parent feedback and realizes that this is an area of needed improvement.

DCS realizes that more emphasis needs to be placed on soliciting input from families. Ensuring that the voice of the family is heard will be heavily embedded in the development of the new CFSP.

Citizen's Review Panel

The University of Tennessee College of Social Work Office of Research and Public Service (UT SWORPS) assists the Tennessee Department of Children's Services (DCS) with the facilitation of the four Citizen's Review Panels (CRPs) in the state. They are located in Montgomery County (Clarksville), Shelby County (Memphis), Hamilton County (Chattanooga) and the Northwest Region (a nine-county rural). They were determined by characteristics or concerns specific to the particular area of the state. The Office of Child Safety (OCS) works closely with UT SWORPS to ensure the CRPs meet federal requirements. Representatives from the DCS' Office of Child Safety and Assessment program areas attended quarterly CRP meetings in each region to show support and provide local and statewide updates (i.e. Child and Family Service Review findings, Single Team/Single Plan approach). Additionally, the Commissioner and the Deputy Commissioner of Child Safety continue to meet annually with the CRPs to discuss areas for collaboration between DCS and the CRPs as well as to share relevant child welfare information (i.e. child abuse hotline data, changes to juvenile justice program), including current initiatives (i.e. Drug Abuse Teams, Safe Babies Court program), successes, and challenges.

All four CRPs continue to examine the impact of parental substance abuse on children's safety, health and overall well-being by looking at prevention, intervention, and treatment approaches to address child protection for families where substance abuse is an issue. The work conducted by the panels included the following:

- Reviewed state and national statistics on the effects of parental substance abuse on infants and children;
- Reviewed CPS cases involving drug-exposed infants and children;
- Examined DCS policies and practice on responding to drug-exposed allegations; and
- Identified programs and services for addressing adults and youth substance abuse problems.

The Shelby County CRP reviewed two cases involving drug-exposed infants and children, and held subsequent reviews of the cases they reviewed. In one case review, the panel shared information about programs and resources with the CPS worker to assist the father (active parent) with specific issues to lessen the safety concerns identified by the referent and collateral witnesses. With the assistance of DCS OCS in Shelby County, the panel also reviewed data on Neonatal Abstinence Syndrome cases and custody entries for the last quarter of 2017.

Each of the panels, working closely with DCS, identified resources available for awareness, prevention, intervention, and treatment of substance use and abuse for children and adults. They identified the following resources:

- The Anti-Drug Coalitions and Prevention Alliance of Tennessee programs, which aim to inform and educate communities on topics such as alcohol safety and substance abuse prevention.

- The “Nurses for Newborns,” a home visitation program that uses registered nurses to provide health care assessments, education and positive parenting skills in an effort to prevent infant mortality and child abuse and neglect.
- The Benjamin Hooks Job Corps Center in Memphis, which offers a substance abuse prevention program for young people, ages 16 to 21 at no cost.

Each of the panels also reviewed DCS Policy 14.21, which provides guidelines for DCS caseworkers on responding to allegations involving drug-exposed children. The panels found the policy to be clear and concise, and noted that DCS strategy for responding to drug-exposed allegations demonstrates an appropriate plan and intervention for addressing safety, permanency, and well-being.

The panels reached out to various stakeholders to collect public input. For example, the Montgomery County CRP made a presentation to Juvenile Court probation and youth service officers’ staff in Clarksville about the panel’s role and responsibilities. The Hamilton County CRP provided a similar presentation to the Family Justice Center staff in Chattanooga.

In addition to examining the impact of parental substance abuse on children’s safety and well-being, the panels also focused their attention on DCS program areas that support foster children and youth. The panels:

- Reviewed the 2017 Child and Family Service Review (CFSR) federal report;
- Met with DCS staff persons and community partners to identify strategies to best support foster children in educational and life skills experiences;
- Interviewed youth about their foster care experiences; and
- Met with DCS Education Consultants to discuss the Department’s guidelines and practice for addressing the educational needs of foster children and youth.

DCS and UT SWORPS CRP created opportunities for CRP volunteers to receive professional development training in child welfare. The Northwest CRP, along with local DCS staff and other community partners, attended an all-day conference in Jackson, TN at Union University on the nation’s opioid epidemic. The conference topics included the following:

- Budgeting – Putting Opioid Abuse Policies on Track;
- Pathophysiology of Addiction and Treatment Options;
- Tracking through the Legal System;
- Maternal Opioid and Neonatal Abstinence Syndrome; and
- How Communities Can Make a Difference.

The Montgomery County CRP along with DCS staff attended the Middle Tennessee mini conference at Juvenile Court in Clarksville to learn more about the court CPS responsibilities. Workshop topics included, but were not limited to the following:

- Common Trends in Youth Drug Use;
- Pedophilia and How Children are Lured into Sex Trafficking;
- Interviewing Victims of Sex Crimes;
- The Purpose of School Resource Officers; and
- Legislative and the Second Look Commission updates.

Finally, in collaboration with DCS and other key stakeholders, the CRPs' next steps are to continue to address issues of concern in Tennessee and CRP locations including foster care, parental substance abuse, domestic violence, and the commercial sexual exploitation of minors. The CRPs will also continue to identify promising and best practices for improving CPS and make recommendations on how to apply those practices.

Three Branches Institute

The statewide Three Branches Institute (3BI) was formed to create a common agenda to advance child welfare and realign the juvenile justice system. Membership consists of a wide variety of community stakeholders to include representatives from the Judicial, Legislative, and Executive Branch. TN First Lady, Chrissy Haslam serves as chair. The 3BI met quarterly during the review period and addressed several substantive matters from the perspective of collective impact. Among them:

- Advising Building Strong Brains Tennessee, (additional information about the Initiative is below);
- Considering Tennessee in the national context relative to 3BI, Adverse Childhood Experiences (ACEs), and Safety Culture;
- Promoting a pilot project about visitation of children in foster care with incarcerated parents;
- Continuing support for expansion of Single Team/Single Plan approach to Child and Family Team Meetings to additional DCS regions;
- Continuing membership on the Blue Ribbon Task Force on Juvenile Justice and PEW Charitable Trusts Partnership;
- Participating in the creation of the Tennessee National Guard Youth Challenge program; and
- Familiarizing the Institute to Tennessee Together, the state's plan for prevention, treatment, and law enforcement priorities to address the crisis with the National Opioid Task Force of Chief Justices and National Center for State Courts.

The Multi-Agency Collaboration's Single Team Single Plan Model has now rolled out in at least one county in all twelve DCS regions. Several regions have started expansion training and moving the use of the model to other counties within the region as well. There are currently twenty three counties who are trained in practicing the model. Since the model began in its pilot stage, there have been 138 in-home families (330 children) who have been served using this model. Out of those 330 children, only 36 children have come into foster care (0.109%). Because the model is designed to serve families with complex needs, and typically at a high risk of coming into foster care, it appears that the model is functioning with great success. The model has also served some of the custodial population, serving 39 families (71 children) since the pilot stage of the model. The use of this model in custodial cases is typically for families that have been identified could exit quickly with additional resources or families who had already enrolled in the model as an In-Home case, and the team remained intact despite the entry into foster care. Qualitative data that has been gathered throughout the state during check in meetings with DCS and other state agencies and community partners also suggest success sighting improved community partnerships, availability and timeliness of services, and overall attitude and commitment to help families stay together. Most see the value of the collaboration that is introduced with this model and use those relationships that have been

developed through this model of practice to serve other families as well who are not enrolled in the model.

While Single Team Single Plan is underway in all regions, it is still a relatively new model. The model was introduced to the final two regions in June and many regions continue to strengthen the model in one or two counties before expansion to other counties in their region. There is continued support for expansion of Single Team/ Single Plan approach in the DCS regions. Results of the Your Voice Matters Survey given to customers being served through the model include 24 respondents in 2018 from areas practicing the model and indicate often or always team members treated families with respect (95.6%); gave the customer a voice (82.6%); made it easy to access a wide range of services (82.6%); clearly explained what is expected to the customer (95.6%); worked together as a team to help the customer meet their needs and goals (91.3%); helped the customer transition out of services (86.9%); helped to get the family to a stronger place (80%).

3BI is the umbrella under which an ACEs Coordinating Team and Public Sector Steering Group and Private (not for profit and for profit) Sector Steering Groups are advancing learning about the integration of brain science and communications science. Initially referred to as an "Initiative," the project was rebranded as "Building Strong Brains (BSB) TN" to connote sustainability going forward.

Underwritten by foundations with in-kind support from the 3BI-related agencies, BSB TN is grounded in learning acquired through a partnership, now completed, with the Frameworks Institute, the leading communications science organization in the nation. The "knowledge mobilization path" was implemented with the steering groups, other leaders, and local communities who participated in Frame Labs, a deep dive into communication science applied to early childhood and adolescent brain development. The four Frame Labs were augmented by three symposia: The Science of Biology/Physical Science; the Science of Programmatic Innovations; the Science of Policy Innovations. The BSB TN training for trainers curriculum, The Role of Life Experiences in Shaping Brain Development, has been completed by close to 700 community members statewide. The equivalent training, Building Strong Brains—Strategies For Educators, has been completed by over 5,000 teachers and school administrators.

A statewide Public Awareness campaign was undertaken during the review period with two major components: first, development of an array of materials—ACEs info graphics, the Core Story of brain development, bookmarks and fold-over "bulletins"—that have been and are being distributed widely and, second, development and production of a six episode documentary, Building Strong Brains—The Tennessee Story, by WCTE, the public television station located in the Mid-Cumberland region. Eight educational pieces of about six minutes each in length and four Public Service Announcements (PSAs) were derived from those six episodes. This body of work, funded by a combination of BSB TN appropriations and resources provided by the Office of Criminal Justice Programs as a part of their prevention efforts, is available on line. The six full episodes—notably introduced by the Governor—have been picked up by the other public television stations statewide. Link to The Tennessee Story documentary episodes: <https://video.wcte.tv/show/adverse-childhood-experiences-public-health-issue-building-strong-brains-tennessee/>

Link to PSAs

https://www.youtube.com/watch?v=drY9_OkVxBA&feature=youtu.be

<https://www.youtube.com/watch?v=aEY6JT9LDws&feature=youtu.be>

<https://www.youtube.com/watch?v=YLJJXi3A-A&feature=youtu.be>

https://www.youtube.com/watch?v=8_CjCZ5_x-w&feature=youtu.be

The Institute helped to set the priorities for \$1.25M in state appropriations for ACE related activities included in the Governor's SFY18 budget amendment. With these funds, communities developed and implemented action plans for services and interventions in seven sectors tailored to their unique characteristics and extensive training noted above continued.

FY18 Community Innovations

Funds support Innovations in these sectors



- **Medical**
 - Baptist Memorial Health Care
 - ETSU Department of Pediatrics
 - Frontier Health
 - VU Medical Center Pediatrics
- **Education**
 - Gibson County Special School District
 - Metro Nashville Public Schools
 - Murfreesboro City Schools
- **Justice/Courts**
 - Davidson County Infant Court
- **Early Childhood/Childcare**
 - UT Extension Services
- **Community**
 - ACE Nashville
 - ETSU/Boys and Girls Clubs
 - Grundy County Discover Together
 - UT Health Sciences Center
 - United Way of Greater Chattanooga
- **Media**
 - WCTE Upper Cumberland
- **Academia**
 - Belmont University
 - MTSU College of Education
 - TSU Center of Excellence in Learning Science

Of great importance is that for SFY 19 the Governor recommended and the Legislature appropriated a generous \$2.45M in the recurring budget. This is significant because it assures that the work to address, prevent, and mitigate ACEs will continue in the upcoming new administration and beyond. Thirty five community innovations in nine sectors were selected competitively for SFY19 during spring 2017.

Community-Based Child Abuse Prevention (CBCAP)

Tennessee's Community-Based Child Abuse Prevention program (CBCAP) is administered by DCS. CBCAP funds primary and secondary child abuse prevention activities and programs through publically available grants operating in a three-year cycle. Grant recipients deliver prevention activities through two prevention focused programs: Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and Nurturing Parenting Program, an evidence-based family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices.

These programs are available at no cost to any Tennessee family or individual who is free of history of child abuse or neglect. Primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention. A requirement by the Administration on Children, Youth and Families (ACYF), CBCAP states are to match, at a minimum, 20% of funding received by the ACYF. In Tennessee, a portion of the state's match is subsidized by the Children's Trust Fund which generates revenue through the marriage license taxes and specialty "Children's First" license plates.

During this fiscal year, Tennessee's CBCAP Program managed 43 contracts divided up amongst 26 agencies serving all 12 regions. This includes:

- 23 for Family Development Resource's Nurturing Parenting Program
- 16 for Darkness to Light's Stewards of Children
- 3 are a combination of Nurturing Parenting Program and Stewards of Children
- 1 Parent Leadership contract

Below are the numbers for the populations served between July 1, 2017 and March 31, 2018:

Number of parents/caregivers who received preventative direct services through Nurturing Parenting	3660
Number of parents/caregivers with disabilities who received preventative direct services through Nurturing Parenting (this is a subset of the number reported above)	532
Number of families who received preventative direct services through Nurturing Parenting (families represented by the parents/caregivers identified above-3660)	2401
Number of individuals who received prevention education activities under the Stewards of Children program	6901

TN's CBCAP program is advised by a board of representatives from each child and family oriented state department and a parent advocate. This board meets quarterly to oversee all aspects of the CBCAP program and make recommendations to the DCS Commissioner for improvement, expansion, and direction of TN's CBCAP program.

Tennessee's CBCAP program contracts with Prevent Child Abuse Tennessee (PCAT) to provide a statewide Parent Leadership program, Parent Partnership Tennessee. At the core of this contract is a team of parent leaders located across Tennessee. This team will continue to focus on building a strong network of statewide and national collaborations to advocate parental involvement throughout various activities including:

- Participation in statewide coalitions including the Early Childhood Comprehensive System, Tennessee Young Child Wellness Council, and Child Abuse Prevention Advisory Council.
- Formulation and implementation of plans for Child Abuse Prevention Month, including the Pinwheels for Prevention statewide launch and localized activities across the state.
- Representation of parents on the Birth Parent National Network working to promote and champion birth parents as leaders and strategic partners in child welfare system reform.
- Providing national guidance and training of partners through national technical assistance opportunities on Tennessee's model of parent leadership and support.

Current membership includes 21 members in 10 of Tennessee's 12 regions. They are actively recruiting additional members in the two regions which are not represented. They will continue to

maintain continual support and communication with Parent Leaders and partners through frequent email correspondence, website updates, phone calls, and social media communication. Through monthly training, advocacy, and community involvement, the leadership team will advocate for policies that positively impact children and families across Tennessee. The Parent Partnership and the Tennessee Parent Leadership team's mission is "Protecting children and promoting their well-being by collaborating with communities and families across the state."

Tennessee's CBCAP program receives ongoing technical assistance from the Family Resource Information, Education, and Network Development Service or FRIENDS. Regular support includes annual phone calls, online trainings and on-site visits. FRIENDS also offers specialized trainings across a variety of topics related to CBCAP administration, protective factors, program evaluation, and evidence-based practices, and others.

In addition to receiving technical assistance from FRIENDS, TN's CBCAP program provides regular technical assistance to grant recipients. This includes face-to-face grantee meetings, quarterly phone calls, agency site visits and ongoing program support and troubleshooting.

Children's Advisory Council (CAC)

According to statute (TCA 37-5-105, section 12A) a Children's Advisory Council should be appointed by the Commissioner to act in a community advisory capacity on any matter within the jurisdiction of the Department. The term of a member of the Children's Services Advisory Council shall be three (3) years with the terms staggered so as to replace no more than one third (1/3) of the members each year. The Council meets quarterly.

DCS has twenty-five CAC members. Appointees include mental health professionals; a juvenile court judge; social workers; healthcare providers; a foster parent advocate; Court Appointed Special Advocate (CASA) director; child advocates; public and private agencies that provide services to children; faith-based providers; and a former foster youth.

The purpose of the CAC shall be to advise the Commissioner regarding issues pertaining to the purpose of DCS and its work when requested by the Commissioner. In 2017/2018, the CAC utilized DCS data to discuss underlying issues when serving families and youth. The CAC received regular legislative updates. The Council assisted with the development of an enhanced data dashboard and a statewide child abuse prevention plan. The Council completed an extensive review of Child and Family Service Review (CFSR) items and results from last year's CFSR review. Several members participated in the February CFSR report-out meeting with the Children's Bureau and stakeholder partners.

Juvenile Justice Reform Act

The Juvenile Justice Reform Act of 2018 retains judicial discretion while focusing eligibility for commitment to DCS on youth who (1) have committed a felony, (2) are repeat offenders, or (3) are in imminent risk of danger and need DCS services. It sets presumptive maximum length of stay in DCS custody of six months unless a child needs time to complete treatment or commits a new offense. It also sets maximum term of probation of six months with extensions permitted for treatment completion. Research shows that shorter, intensive custody more effectively reduces reoffending. The Act limits the use of secure detention to youth who pose a public safety risk or who have violated court orders and limits transfer from juvenile court to criminal court to cases of serious offenses.

The legislation requires supervision conditions and case plans be tied to a validated risk and needs assessment, so that each child receives oversight and services tailored to that child's case and circumstances, and it gives courts discretion to utilize a system of swift and proportionate responses for probation violations. The Act also limits the imposition of financial obligations, other than restitution, on children in order to prioritize victim compensation. It expands early response options for law enforcement and intervention by schools when appropriate to help prevent unnecessary juvenile justice system involvement for youth. It requires the Administrative Office of the Courts, DCS, and Tennessee Commission on Children and Youth to submit a report about improving statewide data collection. The Act requires that a report be submitted by January 1, 2019. Thus a report has not been finalized. The AOC is responsible for convening this group. The required data elements have not been decided at this point in the process. No improvements have been made at this point.

Update on Assessment of Performance, Plan for Improvement, and Progress Made to Improve Outcomes

This section of the APSR addresses the Update on Assessment of Performance and Update to the Plan for Improvement and Progress to Improve Outcomes. DCS integrates Federal Outcomes and Systemic Factors in agency strategic planning. Child and Family Service Review (CFSR) objectives are weaved into the strategic goals of DCS to promote integrated efforts throughout program areas and community partnerships. The following sections of the APSR provide updates to the goals set in the 2015 – 2019 CFSP. DCS aligned the Strategic Plan Strategies throughout the APSR. DCS received technical assistance from the Capacity Building Center in multiple areas to include quality contacts training, parent engagement, and CFSR Program Improvement Plan (PIP) development. DCS ensures the CFSP/APSR is discussed in Performance and Quality Improvement (PQI) Circles and leadership meetings.

DCS engages several external supports to help meet the goals of the CFSP. DCS partners with the Vanderbilt University Centers of Excellence, who employs Assessment Consultants that train and review assessments on children and families. These Assessment Consultants took part in a focus group to determine what barriers and trends were in place that were preventing children and families to have quality formal assessments as demonstrated in several CFSR cases. These Assessment Consultants then partnered with experienced CFSR Reviewers from the Program Evaluation Team to learn more about expectations around CFSR and what areas they could assist DCS with to improve assessment practice. DCS also engages with Vanderbilt Centers of Excellence to produce the samples for the CFSR; help evaluate provider performance through the ASQ process; and compile certain performance data reports for the DCS.

DCS regularly receives ongoing support from Chapin-Hall of the University of Chicago and Casey Family Services to process data reports, provider training and support to staff, promote data management with regional supervisors, and consult on needed areas of improvement.

DCS is a member of the Governor's Children's Cabinet which includes the Commissioners of other state departments that work closely with the same population of families (Department of Human Services; Department of Corrections; Department of Developmental and Intellectual Disabilities; Department of Health, and Department of Mental Health and Substance Abuse Services). This can be most recently demonstrated with the work DCS has done with the agencies on the prescription

drug crisis. Tennessee Governor's Office supports this work therefore there is no memorandum of understanding required.

Safety Outcome

Child Protective Services (CPS) Investigations and Assessments Data Monitoring

The Office of Child Safety (OCS) Investigations and Child Protective Services Assessments (CPSA) work to identify critical points in a CPS case that are key times for decisions and actions. CPS utilizes Safe Measures to monitor, track and trend these data points. Safe Measures provides CPS staff an automated dashboard reporting system to show daily updates and information. The data that Safe Measures provides includes timeliness for meeting face-to-face contacts with children, completing safety and risk assessments, case classification, and case closures. In addition, monthly reporting and scorecards are available for both the CPS Investigations and CPS Assessment programs. The Safe Measures dashboard is available to all CPS staff and allows the frontline worker to see their case activity status at a glance. The web-based tool also allows workers and supervisors to see a monthly calendar of task to be completed as well as an automated "to do" list. Staff are also able to access a CPS child location map which identifies the location of each child victim with an open CPS case and a valid address.

Safe Measures

Safe Measures is a unique and innovative Internet-based reporting service from the National Council on Crime and Delinquency (NCCD), a global non-profit research organization. Safe Measures uses analytics to help social service agencies achieve better outcomes, improve service, and operate more efficiently. The Department of Children's Services uses Safe Measures to obtain detailed reports and other metrics created from nightly analyses of Tennessee Family And Child Tracking System (TFACTS) data. Safe Measures was piloted with the Department in September 2014 in Child Protective Services (CPS) and was fully implemented in all 12 regions in March 2015. Since that time, Safe Measures has provided reports for all program areas including Child Protective Services, Ongoing Non-Custodial Services, Foster Care, and Juvenile Justice. Safe Measures has 33 reports that monitor and track compliance or provide valuable data to staff to assist them in their daily job functions. Additionally, as of May 2018, three additional reports were in the testing phase.

Safe Measures provides a wealth of information regarding reporting but the primary goal of the tool is to provide frontline staff and supervisors with a dashboard of work activities. Each worker can login to Safe Measures and see what tasks need to be completed. In addition, Safe Measures can provide pre-populated documents that staff use on a regular basis. Using the demographic and case information in TFACTS, documents that once required manual completion can now be provided electronically or available to print.

Most reports are structured to show both longitudinal and point-in-time data for key performance indicators. Users may view the data at the statewide level or filter it down to any level of the Department, from region to team to individual caseload. Reports also provide alternative views of the data, such as crosstabs and comparisons. Because the data is analyzed nightly from TFACTS, reports provide up-to-date information, enabling supervisors to ensure work assignments are completed on time and in accordance with Department policy.

Since implementation, training for Safe Measures for staff has varied widely, especially for new staff. In 2017, Safe Measures assisted DCS in creating a Computer Based Training for all staff. New staff are required to complete the training within 90 days of hire and are then given access to the system. In addition to the online training, regional training sessions are provided throughout the year and upon request. See the Safe Measures Annual Report attached.

Training Academy

Since July 2017, the Office of Child Safety (OCS) Training and Professional Development Division and Child Protective Services assessment (CPSA) management have partnered with the Tennessee Bureau of Investigation (TBI) and Vanderbilt Center of Excellence (COE) to provide the Child Protective Services (CPS) Combined Training Academy. To date, three classes have graduated from the Combined Academy. Prior to the Combined Academy, nineteen classes graduated from the CPS Investigations Academy and twelve classes graduated from the Assessment Training Academy. Through these academies, over 1,000 CPS staff and other community partners have been provided this rigorous training curriculum. This number represents approximately 71% of the CPSA staff and 77% of CPSI staff. Four additional classes will graduate the Academy by the end of 2018.

The Academy is approved by the Peace Officers Standards and Training (POST) Commission, National Association of Social Workers (NASW), and the Tennessee Commission on Continuing Legal Education and Specialization. These approvals allow law enforcement, licensed social workers, and attorneys to receive continuing education hours for their respective disciplines.

The effectiveness of the Academy is also credited to the support from community partners such as Our Kids and the Prevent Child Abuse Tennessee. Academy curriculum includes training on drug identification, recognition and documentation of drug impairment/use, and the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit. The Academy also offers training on other relevant topics such as CPS policies/procedures, juvenile court systems, motivational interviewing in child welfare practice, engaging teenagers, and counter response. The Academy has become a crucial setting for the discussion around fostering wellness and safety culture, both topics focused on improving the work life quality of DCS staff.

Ongoing changes are made to curriculum content and the overall program agenda based upon participant surveys, feedback, and forums. The feedback is critical to enhancing training opportunities, providing the most current information, and best practice curriculum.

Office of Child Safety (OCS) Training Initiatives

The Office of Child Safety Training and Professional Development Division remains committed to providing specialized trainings to address the specific needs of the Child Abuse Hotline, CPS Investigators, and the Special Investigations Unit (SIU). The current training needs are determined through staff surveys, identified needs of improvement based on varying review processes, and policy/protocol updates.

New training initiatives included seven sessions of Child Death/Near Death training to help staff's understanding of working these difficult cases. Additionally, six sessions of the Documentation Workshop training were held to help strengthen quality documentation for CPS Investigations. Six additional trainings have been scheduled in efforts to provide this training to all OCS staff. Three online trainings were held to help staff with their comprehension of the Drug Exposed Child policy

changes. To further help with comprehension around the topic of drug exposure, four workshops were held with a variety of speakers presenting on Promising Practices in Working with Drug Exposed Child Cases. Additional workshops will be scheduled to ensure this topic is being presented on in each region. In partnership with the Internet Crimes Against Children Task Force, nine trainings have been scheduled to help staff with their understanding of this growing type of sexual abuse.

The addition of an onboarding process for new CPSI employees, which will include increased shadowing and coaching as well as a return to the classroom for additional training after five months of employment, is currently in development. The development of the SIU onboarding process was completed in March 2018 and one class has successfully completed this training.

Additionally, a work group has been developed including law enforcement, experts in children with sexual behavior problems, medical professionals, forensic interviewers and representatives from the Sexual Assault Center to develop an intensive curriculum around the investigation of child sexual abuse cases for DCS and Child Protective Investigation Team (CPIT) partners.

Intensive training is also provided to the Child Abuse Hotline through their seven week preservice program for new employees and monthly specialty trainings offered to all employees. Sixteen groups have completed the preservice program since its implementation. In the past year, over fifty specialty trainings have been offered to Hotline employees on topics including Children with Sexual Behavior Problems, Screening Refresher, Understanding CPS, Phone Skills 101, Interviewing Skills 101, and Documentation 101.

Simulation Laboratories (Sim Labs)

DCS works diligently to improve the performance and safety of our child welfare professionals. On a daily basis staff enter unpredictable, sometimes volatile, environments in order to protect and defend vulnerable children. When entering a home, it is important that DCS staff are prepared and trained to handle these difficult situations. In 2016/2017, DCS collaborated with the Los Angeles Department of Children and Family Services (DCFS) to receive training and consultation based on their Sim Lab design and experience. Casey Family Programs supported 12 DCS staff member and two TBI agents to travel to Los Angeles to observe the Sim Labs and to learn strategies involved in creating and implementing this model. In 2018, DCS began the new simulation training lab at the Tennessee Law Enforcement Training Academy (TLETA) in conjunction with our CPS Academy in partnership with the Tennessee Bureau of Investigations (TBI), and 22 CPS staff completed the initial Sim Lab in March 2018. The Sim Labs will continue as a part of the CPS Academy week two of training. The Department anticipates that 30 CPSI and CPSA staff will participate in each of the five CPS Academy yearly groups. The lab is designed to provide a realistic experience in a safe interactive environment to further develop the case manager's skill sets, competencies, and practice. The training lab offers two different settings and scenarios that child welfare professional's encounter. Through interactions with experienced DCS staff who act as facilitators and actor/instructors, case managers are immersed in a child protection investigation including family interviews and assessment. They can learn to respond in intense, highly emotional or unsafe situation in the home with a chance for instant supportive feedback. The infrastructure (space and design, resources), staffing and efforts to evaluate the model's impact and effectiveness are current strategies. Discussions regarding adding Sim Labs to Preservice Training for new hires are ongoing.

The Office of Child Safety (OCS) Internal Quality Control Division

The OCS developed an Internal Quality Control Division that implements a review and improvement process for Investigations. A Quality Review for Investigations (QRI) process and tool was developed to assess the quality of work within Investigations by gathering quantitative and qualitative data and using that information to make individual, team, and statewide improvements. In an effort to improve collaboration with community partners, the Child Protective Investigative Team (CPIT) and Court Performance Evaluation Tools were developed with input from community partners. The tools outline consistent statewide procedures, expectations, and best practices as they relate to involvement with community partners and local court systems. Additionally, the Internal Quality Control Division has implemented a Performance Continuous Quality Improvement (CQI) process with the purpose of using the results of the quality reviews to provide supervisors with the necessary tools to mentor investigators and improve overall outcomes in a continued commitment to excellence. DCS Policy 14.17 was created to outline the review processes and is available online for reference. To date, there have been over 5,700 quality reviews and almost 1,500 Court and CPIT Presentation Evaluations completed.

The QRI process for the OCS at the Investigator level was created in 2015 and fully implemented across the state in 2016. The QRI process is a full circle process. Within this full circle process the following resources are utilized: data results, remediation, and CQI. The data results are shared with Investigators during remediation in which feedback is provided by highlighting strengths and opportunities for improvement. The data is also shared through CQI at every level of OCS to identify trends and implement Quality Improvement Plans (QIP) to address the opportunities for improvement.

The QRI process is in a continual state of improvement and revision in response to ongoing initiatives that improve best practices. In October 2017, the process was revised to specifically incorporate quality reviews of cases that involve infants who are identified as meeting the requirements of the Comprehensive Addiction and Recovery Act (CARA). The revisions include an additional 5% sample of cases to be reviewed quarterly specifically to identify quality casework, documentation and services offered to substance exposed infants and caregivers struggling with addiction. These revisions were incorporated into the already established review tool and added to DCS Policy 14.17 in an effort to communicate the support DCS has provided to addressing this vulnerable population.

As part of the quality review expansion, the Quality Review for Supervision (QRS) was created and implemented in 2017. The QRS was developed to assess the quality of supervisor decision-making within Investigations. The QRS process has allowed OCS to address supervisory challenges and focus on program and practice improvement. To date, there have been almost 300 quality reviews completed for supervisors.

The quality review process is instrumental in identifying challenges within case documentation, administrative reviews, and timeliness of practice. The creation of Quality Improvement Plans ensures the Division's commitment to addressing these concerns and will guide OCS into improved quality in an organized, systematic, and memorialized method. The utilization of the QRI and QRS has proven to be effective and beneficial to both field workers and Child Safety leadership. These positive outcomes have resulted in CPS Assessment's interest in the implementation of this quality

review process. Mimicking this process will also enforce consistency across the two sister program areas. CPS Assessments is striving to adopt this process in the year 2018.

The Office of Child Safety (OCS) Community Partnerships Division

The OCS Community Partnerships Division works with OCS partners across the state in an effort to establish partnerships, open lines of communication to address issues, and promote improved outcomes. The Statewide Child Protective Investigative Team (CPIT) Advisory Board meets quarterly to address issues across the state related to the investigative process for the statutorily mandated multi-disciplinary team. The CPIT Advisory Board provides guidance and consultation on practice and protocol standardization to CPITs across Tennessee. The Community Partnerships Division has also worked to solidify partnerships with the multi-disciplinary teams by maintaining co-locations with CPIT partners. Currently, 120 CPS Investigators are co-located with CPIT partners in 17 CPIT partner facilities across the state. Senior leadership from OCS continues to visit Child Advocacy Centers to meet with directors, staff, and community partners to discuss emerging issues and escalating them when needed to the CPIT Advisory Board.

Intake Reader Implementation

The establishment of an intake reader position for each region across the state has been an attempt to obtain statewide consistency in intake and assignment practices as well as to ensure that only one Case Manager (CM) is assigned to a case unless mandated otherwise by policy.

It is the responsibility of the reader to facilitate discussions between Child Protective Services (CPS) and Family Social Services (FSS) Team Leaders in an effort to reduce recidivism, provide continuity of care to families, and ensure that there are not multiple CMs in one home/case unless mandated by policy. DCS began implementation of the intake reader position in September 2017 with an incremental rollout across the state. DCS currently has 14 readers with another coming on board in early July.

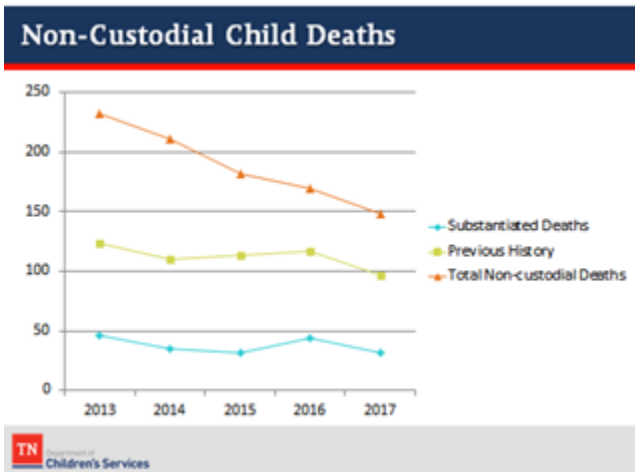
Rapid Safety Feedback

Rapid Safety Feedback is a program developed by Eckerd Kids that uses predictive analytics to provide additional support to staff in working with identified high risk cases through the use of data, coaching, mentoring, and ongoing reviews in real time in order to maximize available resources to achieve safe outcomes and prevent repeat maltreatment for a child under the age of three. Repeat maltreatment is defined as substantiation of physical abuse, sexual abuse, near death, or death within 12 months of a prior substantiated maltreatment or assessment closed with services required.

The Rapid Safety Feedback team consists of two Program Specialists and one Program Manager. The members of this team are all experienced with a strong background in CPS Assessments and Investigations. The case review process occurs at or about the 13th day of the case and is predominantly comprised of a coaching session in addition to a case file review utilizing a uniquely designed tool. This process will pertain to both assessment and investigation cases. As of November 2017, this coaching/review process had been fully implemented in four regions: Mid Cumberland, Davidson, Shelby and Tennessee Valley. Selection of the four regions was based on data outcomes, identified practice needs, and frequency of cases utilizing the algorithm. Rapid Safety Feedback was implemented to meet the specific triage/consultation needs identified by

Tennessee. To date, 180 coaching sessions have been completed, and survey results reflect 69% of the staff found the coaching session helpful.

DCS data shows a five year downward trend in non-custodial child deaths.



Child Abuse Hotline Intake Assessment Policy and Procedures using the Structured Decision Making (SDM) System

DCS maintains and operates a statewide Child Abuse Hotline (CAH) available twenty-four hours, seven days per week, 365 days per year, to receive reports of alleged child abuse or neglect. The Hotline receives referrals by fax, web, email and telephone. The Hotline also maintains a web application, Child Abuse Referral and Tracking System (CARAT), whereby people can track the status of the referrals they call in. Using the Structured Decision Making Intake and Assessment tool, the information is screened to determine if the information provided meets statutory and policy criteria for child abuse and neglect. The use of the SDM tool also determines what Child Protective Services (CPS) track (investigation, assessment, resource linkage) and priority response (P1, P2 or P3) will be assigned to the information provided. Once these decisions are made, the information is sent to the appropriate track to be addressed. The SDM process and tools are outlined in the Child Abuse/Neglect Intake Assessment Policy and Procedures Manual.

Recognizing the need to improve the intake assessment process at the CAH and the efficiency of the Statewide Child Welfare Automated Child Welfare Information System (SACWIS), the Department contracted with the Children's Research Center (CRC) again in 2017 to revise the Structured Decision Making Intake Assessment tool and manual. CRC returned back to the Hotline in April 2017 to conduct a two day workshop with five Hotline front line staff in an effort to improve the current SDM tool used by the Hotline. The CRC compiled the proposals discussed during this two day workshop conducted in April 2017 and presented the suggested tool revision to the Hotline and the Office of Child Safety (OCS). In April 2018, inter-rater reliability (IRR) testing was conducted with Hotline staff, OCS staff, and field staff using the revised tool. The CRC presented the results of the IRR testing to Hotline leadership and OCS leadership in May 2018. The new tool will also be imbedded in the new Tennessee Family And Child Tracking System (TFACTS) enhancements for CPS.

Hotline Email Distribution Group for DCS Field Staff

In January 2018, the Hotline created a "Hotline Supervisory" email distribution group designated for the DCS field staff to use whenever staff has referral screening decision questions. The email group

consists of all Hotline Supervisory staff, including the Director. DCS field staff can also utilize this email group to make reports of Child Abuse/Neglect to the Hotline. This email group is for DCS field staff use only, not for the public. The email option for DCS field staff serves as a Customer Focused action to better serve the Hotline's DCS field partners. The intent is for DCS field staff to reduce the need to call the Hotline and instead email their questions or urgent needs. This is anticipated to save time and provide more customer service for the field. Since February 2018, the field has utilized this email option 680 times, and has reduced their use of the Hotline phone system by 400 calls. DCS field staff report positive results with this email option and have reported receiving more efficient customer service from the Hotline as a result. This reduction in calls by the DCS field staff has also allowed the Hotline to spend more time on calls made by the general public.

Hotline Service Desk

The Hotline Service Desk is essentially the "Core" of the Hotline. The Service Desk was fully implemented in June 2016. The Service Desk is operational Monday through Friday, 7am to 5pm. The Service Desk is comprised of all supervisory staff that includes a Floor Coordinator, Assistant Floor Coordinator, Quality Assurance Coordinator, and a Training Coordinator. The Floor Coordinator and the Assistant Floor Coordinator are primarily responsible for monitoring the Hotline's call and intake volume. Both positions are responsible for maintaining the "Call Center" side of the Hotline. The Floor Coordinators are responsible for alerting Hotline staff of incoming peak volume periods in order to answer calls and complete reports in a timely manner. The Quality Assurance Coordinator and the Training Coordinator are responsible for monitoring worker quality and training. The Quality Assurance Coordinator performs a majority of the Hotline's Quality Assurance Call Reviews for Hotline staff and provides monthly assessments of the Hotline's Quality Assurance strengths and areas of improvement. The Quality Assurance Coordinator took 75-85% of the QA Call Reviews starting in June 2017. The Quality Assurance Coordinator provides tips and resources via email or through team meetings to staff to help them improve on their overall performance. The Training Coordinator assesses and provides training opportunities and coaching sessions to Hotline staff outside of the Hotline's new employee training program. All Service Desk staff assists with answering calls and screening referrals during heavy peak periods throughout the year. As of 2018, the Service Desk serves as the primary source for the engagement with the DCS field staff in response to questions, requests, or concerns regarding referrals and screening decisions. The Service Desk has proven to be an essential function within the Hotline and helps to increase customer service to the general public, to DCS field staff partners, and to Hotline employees.

Child Death and Near-Death/Safety Systems Analysis

DCS reports all investigated child deaths on the website: <https://www.tn.gov/dcs/program-areas/child-safety/cdnd-pn.html>. The child death review team examines child deaths and near deaths when they are the result of abuse or neglect, have prior history with the Department, or when the child was in custody at the time of the death or near death. The DCS Child Death Review process involves a comprehensive, multidisciplinary review of child death and near death cases. The process uses a true systems approach to better understand those factors which influence the quality and delivery of service provided to children and their families. The systems approach guides reviewers to analyze incidents as emerging from interactions of components and processes within systems. It contributes to organizational learning, addressing issues discovered in individual events, and understanding the underlying systemic issues that influence adverse outcomes.

Also critical to the process are debriefings conducted on each case. Debriefings are conducted with frontline staff and supervisors involved with the subject case. These debriefings explain actions and decisions and provide a comprehensive understanding of case context. Additionally, debriefings promote a safe environment for staff to revisit cases with Safety Analysts and review their work. This provides critical learning opportunities for all staff involved through this robust process.

There were 157 death and near death cases reviewed in 2017. A total of 134 deaths were reviewed. This includes 117 non-custody deaths and 17 custody deaths. Of the 117 non-custody deaths, 98 had relevant history within the past three years. During this review period, there were 23 near death cases reviewed. None were in DCS custody. Of the 23 non-custody near death cases, 13 had relevant history.

Also in 2017, 229 debriefings were conducted. During these debriefings, 261 different findings were discussed. Each debriefing lasts a minimum of one hour; therefore, at least 229 hours of discussion with frontline workers and supervisors contributed to the evaluation and analysis of practice through the Child Death Review (CDR) in 2017.

Based on CDRs in 2017, several quality improvements have been enacted. For example, an ongoing workgroup from the past year is now finalizing a drug testing policy, work aid, and supplemental materials. The new materials will lay out a process for confirmatory lab analysis of drug specimens likely to result in court action. The workgroup has identified and approved the use of a single urine drug test to be used statewide. Such standardization will allow for improved access to training resources, and the vendor has also offered to provide training and prompt technical assistance. While this work would have begun regardless of CDR recommendations, CDRs uniquely supported the development of a single statewide drug screen, a confirmatory process for positive results, and standardized access to training. Through Child Death Review, several one-page Safety Notices about substance abuse assessment have been created and address issues about interpreting pharmacy records, the differences between Subutex and Suboxone, and other substance abuse assessment strategies. Safety Notices are attached to applicable policies, distributed to regional leaders, and incorporated into existing trainings. A total of 14 Safety Notices were developed in FY2017 and FY2018. In another example, leaders from DCS' Child Programs, Child Safety, Quality Improvement, and Legal have formed a workgroup to identify legal parameters and best practices for engaging and assessing all household members and fathers during non-custodial cases. This workgroup was formed under the advisement of CDR. In the past year, a statewide protocol regarding safe sleep education and the standardized provision of safe sleep furniture was created. This new protocol better ensures all caregivers who come into contact with any DCS program area have immediate access to safe sleep education and a pack-n-play, even if the infant in need of the pack-n-play is not the target child(ren) of the case. This protocol was implemented alongside expanded safe sleep training for all DCS case managers. The Department also now provides training for foster parents around Neonatal Abstinence Syndrome and Safe Sleep. Foster parents receive Safe Sleep Information in PATH training prior to approval and every other year after approval. The training occurs during Medication Administration training and refreshers.

In FY2017 and FY2018, CDRs found custodial case managers struggled to make funeral and burial arrangements for children in state custody. Case managers were inconsistent in their contacts with family and in what funeral/burial services were offered, and case managers were stressed in collecting bids for funeral and burial arrangements. In some cases, case managers were paying for

burial clothes and other small expenses out-of-pocket, due to being unsure and frustrated with the procurement process. In response to this, the entire protocol was redesigned and streamlined, with DCS Fiscal staff agreeing to provide direct information to the family and to personally collect bids for funeral and burial arrangements. A voluntary group of internal professionals, called Team Support, was also formed to provide compassionate care and technical assistance to the regions and Youth Development Centers when custodial, non-custodial, and employee deaths occur.

In 2017 and 2018, CDRs detected several instances of unaddressed domestic violence in casework. During CDR debriefings, case managers reported being unsure how to safely assess and refer for affordable services regarding domestic violence. Root cause analysis, as conducted in CDRs, detected that the lack of mandatory training specific to domestic violence assessment as well as underuse of the Department's Family Preservation Services contract (which offers services, statewide, for domestic violence) were core issues affecting this finding. As a result, a Safety Notice was developed, explaining domestic violence support offered through the Department's contract; and a revised, more pragmatic, and accessible Domestic Violence training is being created.

In a final example, executive leaders are planning to execute a pilot Absconder Recovery program. Similar to a team led under a previous DCS administration, small regional teams will be responsible for collaborating with provider agencies, law enforcement, and other internal and external partners to diligently search for and recover runaway youth. Also, an upcoming TFACTS build will place a "RUN" indicator beside the name of any custodial youth identified as a runaway in TFACTS, allowing all DCS employees to immediately know of the youth's status regardless of region or program area. It is also noteworthy that the creation of a standardized mentoring process for newly hired case managers was recommended in a previous year's CDRs; this mentoring curriculum and certification process was completed and launched in 2017-2018.

SAFETY Outcome 1

Children are first and foremost protected from abuse and neglect

DCS Strategic Plan Priority:

Safety, Health, and Permanency

DCS Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.

DCS Objective:

1.1: Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family.

Goals, Objectives, and Interventions Updates to the 2015 – 2019 CFSP

1. The Office of Child Safety (OCS) divided each of the 12 regions and created a centralized reporting structure for leadership, supervision, monitoring and mentoring.

Update: The OCS implemented a supervision plan in an effort to assist regions in further enhancing excellence in investigations. Additionally, OCS management established a plan with mid-level

leadership to enhance quality case work in case practice to focus on reaching identified regional benchmarks. Each region will utilize the quality review process as well as regional data through Safe Measures to measure outcomes. Due to the high rate of compliance in Priority Response and Overdue in each of the regions where the supervision pilot was implemented, supervisors in these regions have moved to a greater focus on the quality. (Of note, rates of overdue cases reflect a monthly average of the all cases opened in that month. The daily rate of overdue cases is typically 18-24%.)

OCS Program Data Indicators for CY 2017 and January-March 2018

Priority Response Compliance	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Response Met	94.6%	95.4%	96.1%	95.1%	95.2%	95.3%	94.0%	94.7%	96.0%	96.1%	96.4%	94.8%
Response Not Met	5.4%	4.6%	3.9%	4.9%	4.8%	4.7%	6.0%	5.3%	4.0%	3.9%	3.6%	5.2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Priority Response Compliance	Jan 18	Feb 18	Mar 18
Response Met	94.2%	95.3%	92.7%
Response Not Met	5.8%	4.7%	7.3%
Total	100%	100%	100%

Monthly Rate of Investigation Time Open

Investigation Time Open	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Less than 60 Days	68.3%	76.4%	77.5%	74.3%	70.5%	68.0%	67.7%	70.5%	69.8%	67.0%	66.9%	64.7%
More than 60 Days	31.7%	23.6%	22.5%	25.7%	29.5%	32.0%	32.3%	29.5%	30.2%	33.0%	33.1%	35.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

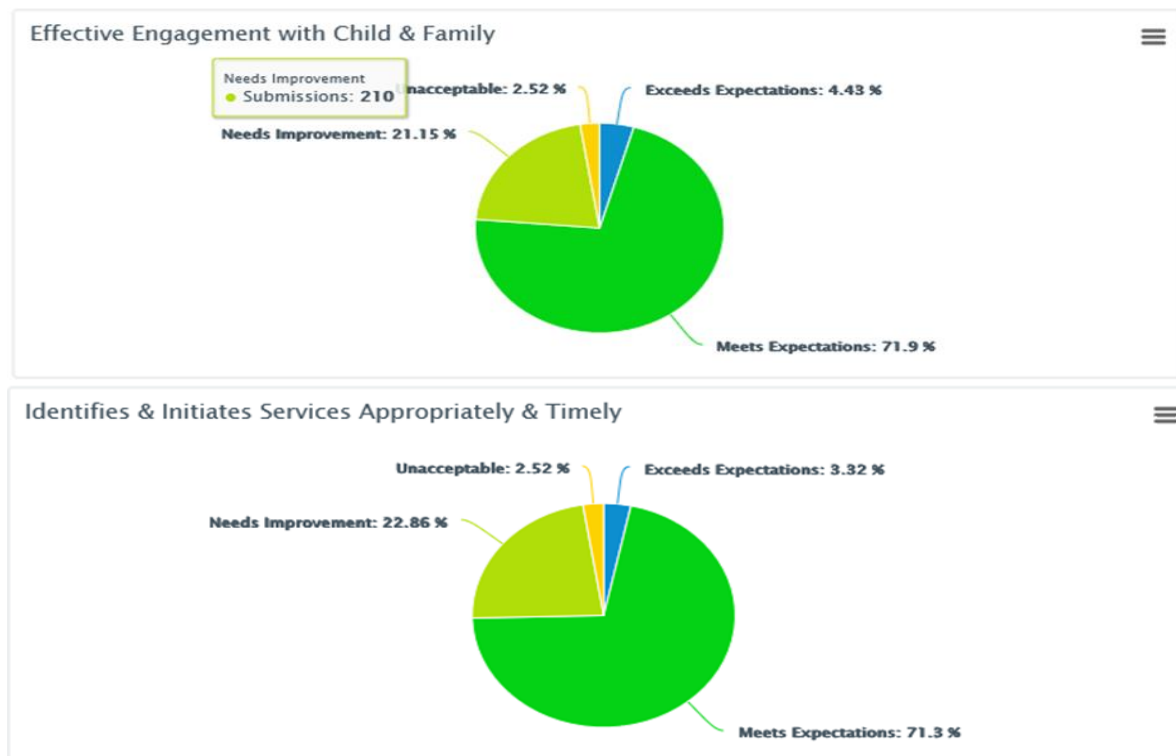
Investigation Time Open	Jan 18	Feb 18	Mar 18
Less than 60 Days	62.4%	70.1%	74.4%
More than 60 Days	37.6%	29.9%	25.6%
Total	100%	100%	100%

Daily Rate of Investigation Time Open (5/11/18)

Region	Less than 60 Days	More than 60 Days	Total
Child Abuse Hotline	100.0%	0.0%	100.0%
CPS Special Investigation	89.6%	10.4%	100.0%
Davidson Region	75.3%	24.7%	100.0%

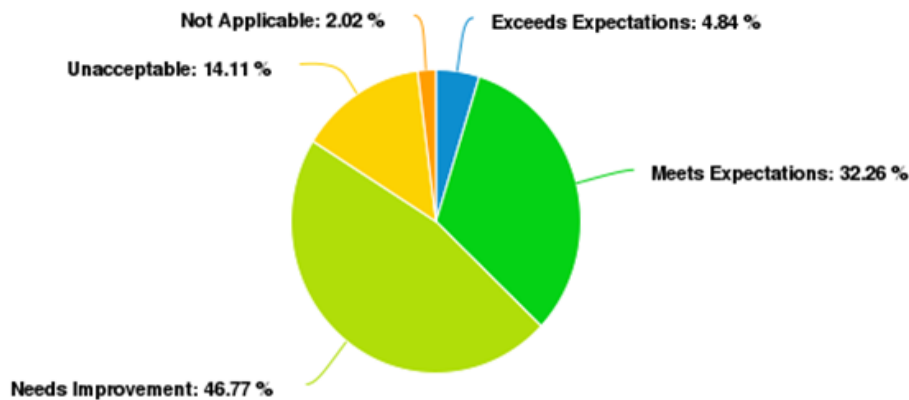
DCS Central Office	55.6%	44.4%	100.0%
East Tennessee Region	77.3%	22.7%	100.0%
Knox Region	90.0%	10.0%	100.0%
Mid Cumberland Region	80.6%	19.4%	100.0%
Northeast Region	70.4%	29.6%	100.0%
Northwest Region	81.4%	18.6%	100.0%
Shelby Region	80.3%	19.7%	100.0%
Smoky Mountain Region	84.4%	15.6%	100.0%
South Central Region	94.3%	5.7%	100.0%
Southwest Region	83.5%	16.5%	100.0%
TN Valley Region	77.5%	22.5%	100.0%
Unknown	4.5%	95.5%	100.0%
Upper Cumberland Region	80.3%	19.7%	100.0%
Total	80.6%	19.4%	100.0%

The Quality Review for Investigations' (QRI) primary focus is a measure of the quality of work with regards to six key areas of practice. Effective Engagement with Child and Family and Identifies and Initiates Services Timely are two of these competencies. The data from the QRI supports that service planning and outcomes are improving since the QRI inception but it also informs OCS that continued work is needed. Below is the aggregated data set for both competencies for CY 2018 Quarter 1 and 2:

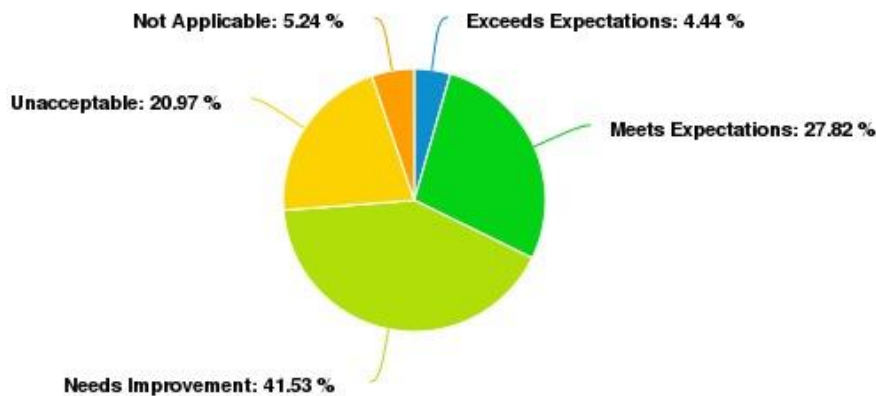


A total of 248 cases reviewed between 12/11/2017 and 9/26/18. The primary focus of the Quality Review for Assessments (QRA) is to measure the quality of work with regards to six key areas of practice. Effective Engagement with Child and Family and Identifies and Initiates Services Timely are two of these competencies. The data from the QRA supports that service planning and outcomes are improving since the QRA inception but it also informs Child Programs that improvement is needed in the area of quality risk assessment which correlates to needed improvement in family engagement, service identification and permanency planning. Below is the aggregated data:

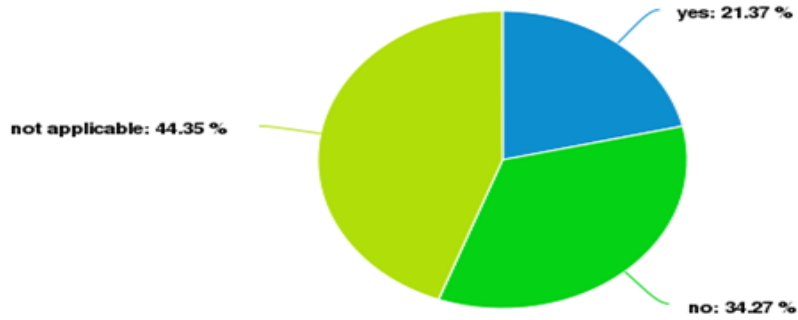
Assessment of Risks



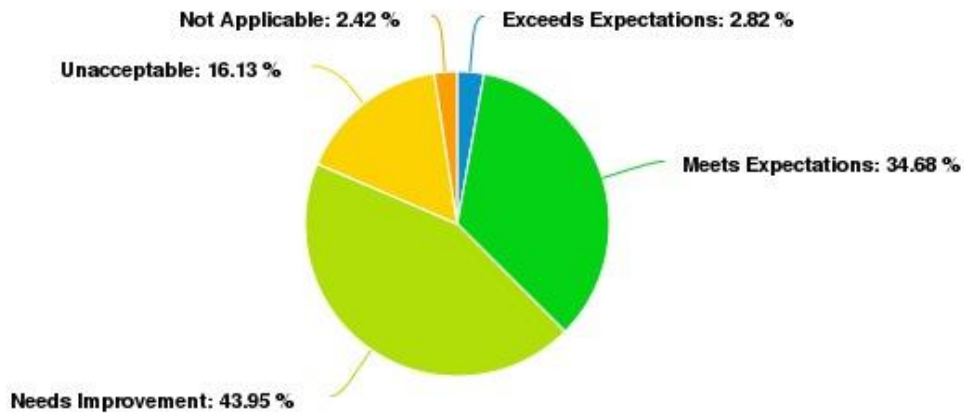
Identifies and Initiates Services Appropriately and Timely



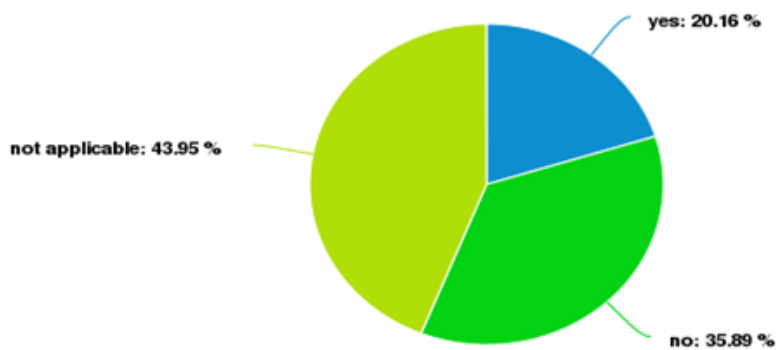
Was a Family Permanency Plan developed?



Effective Engagement with Child and Family



Did a Child and Family Team Meeting Occur?



2. Child Protective Services Assessments (CPSA) Central Office leadership will hold monthly conference calls with identified CPS regional staff to focus on areas of improvement, report data regarding overdue cases (%), the number of closed cases weekly, the number of cases that were classified within 30 days, any successful actions taken toward improvement, and plans for going forward.

Update: Information and data continue to be shared and discussed at the bi-monthly Policy and Practice (P&P) Continuous Quality Improvement meetings. Central Office and regional staff focus on the areas of improvement and brainstorm methods to make advances. The P&P meetings remain effective in identifying, collaborating, and communicating data and other important information and materials with regional staff. Conference calls are held between Central Office and regional leadership to address specific areas of need as data and case review findings deem necessary or upon regional request. CPSA Central Office staff pulls data weekly from Safe Measures which helps to prioritize regional discussions and regional technical assistance in an effort to improve the quality of work and compliance.

CPSA Central Office staff conduct monthly and quarterly reviews of documentation and data as part of the quality review process. CPSA Central Office staff review cases utilizing the Quality Assessment Review (QRA) tool. Results are shared with regional management quarterly and with the Executive Director of Child Programs monthly. These findings are also shared at the statewide PQI (P&P) meetings held bi-monthly. The information and findings may serve as tools to direct and coach staff on strategies to improve quality by identifying barriers and addressing needs. The data has been helpful in attempts to right-size regional staff.

3. The Office of Child Safety (OCS) Internal Quality Control division will hold monthly data meetings with OCS leadership to review the overall trending data of meeting response times, completing assessments, case classifications, and case closures that is provided by Safe Measures. During this meeting, caseload size and new case assignments are also examined.

Update: The OCS Internal Quality Control division continues to review data on a monthly basis using Safe Measures. Most of the identified compliance reports for CPS have been created in Safe Measures and provide CPS with updated data on a daily basis to include a worker view of tasks that need to be completed as well as a team, region, and statewide view of data sets. Data indicators in Safe Measures inform OCS and CPS Assessment leadership of the overall trending data of overdue cases, face-to-face contact timeframes, classifications, timely assessments, and case load activity. These reports are reviewed and discussed by Executive Leadership of OCS and CPSA including regional leadership and the Regional Investigations Directors (RIDs) and at the grand regional level on a monthly basis. The reports are also available to all regional staff and can be viewed at any time.

Additionally, OCS has grand region and Statewide CQI meetings quarterly to discuss the outcomes and data results of the quality review process. A statewide OCS Quality Improvement Plan has been implemented that focuses on revising policy/practice based on statewide systemic challenges and barriers. Specific action steps are identified and are addressed quarterly. Regional CQI meetings are also conducted quarterly and Quality Improvement Plans are developed to address regional challenges and needed improvements. These plans are driven by the results of the Quality Review for Investigations process and the information that is provided by the teams within the regions.

(Examples attached include: QIP –Statewide Investigations and SIU 6.13.18, QIP East Region October 2017, Tennessee Valley Quality Improvement Plans – Updated July 2017.)

4. Deliver training and implement revisions to the Structured Decision Making (SDM) Intake Assessment tool at the Child Abuse Hotline (CAH).

Update: Training for the SDM Intake Assessment for the CAH continues for new staff and is refreshed for current staff as needed. The CAH is screening intakes strictly through the use of policy 14.1 and 14.3, Work Aid 1, and the SDM manual, eliminating the use of regional agreements, protocols, or directives. This change is leading to more consistent screening decisions. Revisions are made to the assessment on an as-needed basis when policy changes or shifts such as with Commercial Sexual Exploitation of a Minor CSEM requirements are enacted. When revisions are made, the CAH updates and trains staff on the new requirements. In addition, DCS works with the Children's Research Center (CRC) to ensure reliability of the tool while finding ways to make the use of the assessment more efficient and user friendly within TFACTS. Staff will also be retrained once the new TFACTS enhancements have been implemented and the SDM Intake Assessment tool is fully imbedded in the system.

5. Continued revisions of Child Protective Services (CPS) policy and implementation of training.

Update: The Office of Child Safety (OCS) partners with Child Protective Services Assessment (CPSA) to systematically update all CPS related policies to ensure that best practice and consistency is reflected in policy. OCS and CPSA also engage frontline staff and community partners to solicit feedback for policy revisions. The following policy items were either finalized, implemented, or are in progress:

1. Revisions were completed to Policy 14.24 Child Protective Services Background Checks which provide direction when child care, contract, or child welfare agencies request a DCS records check on prospective volunteers or employees.
2. Policy 14.17 Internal Quality Control and associated documents which outline review processes for the Office of Child Safety to include QRI reviews and reviews conducted on the cases involved in the Comprehensive Addiction and Recovery Act (CARA) initiative were created and implemented.
3. Policy 5.2 Professional Development and Training Requirements was revised to include training requirements for the CARA initiative.
4. Policy 14.25 Special Investigations Unit (SIU) was completely revised and implemented. The policy outlines changes in practices and expectation for SIU staff.
5. In response the Comprehensive Addiction and Recovery Act initiative, revisions to Policies 5.2 Professional Development and Training Requirements, 14.21 DCS Response to Allegations of Drug Exposed Children, Work Aid 1 Categories and Definitions of Child Abuse-Neglect and Work Aid 2 Child Protective Services Tasks by Allegation, and 14.2 Family Permanency Planning for Child Protective Services Non-Custodial Cases were made.
6. Revisions were made to Work Aid 9 Conducting Investigations on the Commercial Sexual Exploitation of a Minor to ensure that all required notifications are included.

7. Revisions were made to 14.3 Screening, Priority Response and Assignment of Child Protective Services Cases to outline requirements for immediate response to law enforcement and hospital requests.
8. Revisions to Policy 14.6 Child Protective Investigative Team are proposed to include clear guidance that all CPS staff are members of the team when the case worked dictates involvement with CPIT. The policy is scheduled for approval in June 2018.
9. A rewrite of Policy 14.11 Child Protective Services Due Process Rights and Reviews was completed and is awaiting approval. The estimated date of implementation is June 2018. This policy was rewritten to combine requirements of 14.10 and 14.11 into one clear and complete policy.
10. Revisions are scheduled for Policy 4.4 Performance and Case Supervision Practice Guidelines and Criteria, 14.7 Child Protective Services Investigative Track and 14.26 Child Protective Services Assessment Track that will outline clear and consistent expectations regarding supervision and the documentation of Administrative Reviews.

6. Adapt/revise the Case Process Review tool and develop a process for Child Protective Services (CPS) to methodically review cases using Performance and Quality Improvement (PQI) principles to determine action plans.

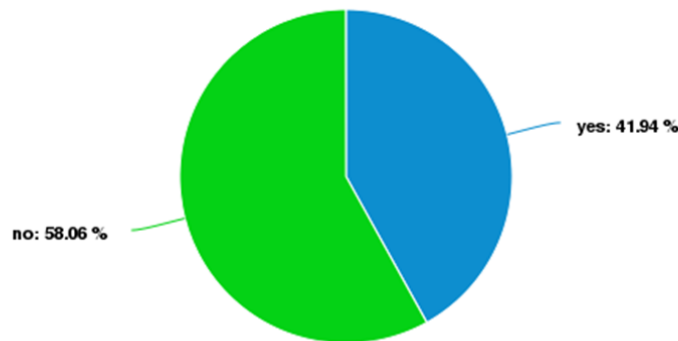
Update: The Office of Child Safety (OCS) Internal Quality Control Division does not use the case process review tool (CPR) that the rest of the Department uses to perform quarterly reviews. OCS developed and implemented several quality review tools that monitor compliance in hotline and investigative protocols, procedures, and documentation. The Quality Review for Investigations (QRI) tool was developed to assess quality by gathering quantitative and qualitative data and using that information to make individual, team, and statewide improvements. To date, over 3,000 cases were reviewed using the QRI process statewide and almost 500 cases were reviewed using the Quality Review for Special Investigations.

As part of the quality review expansion, the Quality Review for Supervision (QRS) was created and implemented in 2017. The QRS was developed to assess the quality of supervisor decision-making within Investigations. The QRS process has allowed OCS to address supervisory challenges and focus on program and practice improvement. To date, there have been almost 300 quality reviews completed for supervisors. The Quality Review for Supervisors is in its 4th quarter of reviews (as of September 2018). Since the process is still fairly infantile, OCS is still aggregating and tracking data in an effort to make accurate and informed decisions regarding the quality of supervisory decision making. With that being said, we are working on making adjustments to the process and review tool as a result of new policy language regarding the completion and quality of Administrative Reviews. The findings from the completed reviews show a baseline of about 60% of meets expectations/exceeds expectations in most of the qualitative components. While attempting to understand the findings, it was learned that reviewers had not been rating competencies consistently across the regions. Therefore, additional training and support is set to begin next quarter and once the review tool can be updated following implementation of the new policy language.

Child Programs Staff has developed a Quality Assessment Review (QAR) tool as the method to review CPS Assessment cases. The QAR was developed to assess quality by gathering quantitative and qualitative data and using that information to make individual, team, and statewide improvements. The Performance and Quality Improvement (PQI) Division continues to manage the regional review completions and outcomes, while CPS Assessment program staff manage case reviews completed in Central Office. The utilization of the review tool started in December 2017, and 147 QAR submissions have been completed covering the East, Mid-Cumberland, South Central, Northeast, and Smoky Mountain regions. The Northwest region begins in the month of June.

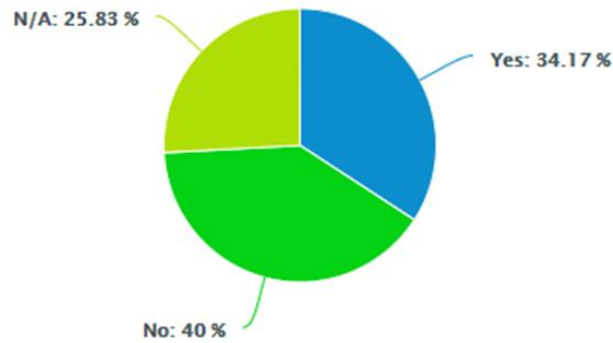
The QAR Case Samples include a 5% sample of case files in the CPS child program area. The PQI Program Coordinator distributes the samples to the regions quarterly. In conjunction with the PQI Regional Coordinators, regions create Performance Improvement Plans when an area scores below 80% in order to create an action plan to improve performance. The Quality Review for Supervisors is still fairly infantile, Child Programs is still aggregating and tracking data in an effort to make accurate and informed decisions regarding the quality of supervisory decision making. Adjustments are underway to the process and review tool as a result of new policy language regarding the completion and quality of Administrative Reviews. Additional training and support is set to begin next quarter.

Were Administrative Reviews conducted as required?

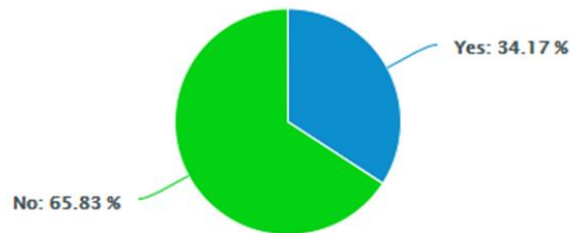


An additional 280 in-home cases (that remain open more than 60 days) were reviewed from January to September 2018. Results of those cases are below.

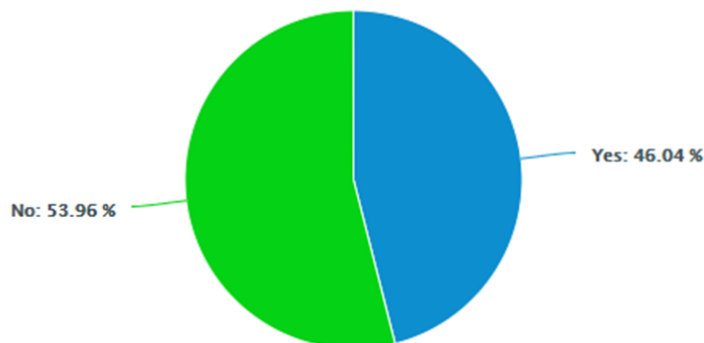
51.) For cases open longer than 90 days, is there documentation of the Team Leader reviewing the progress?



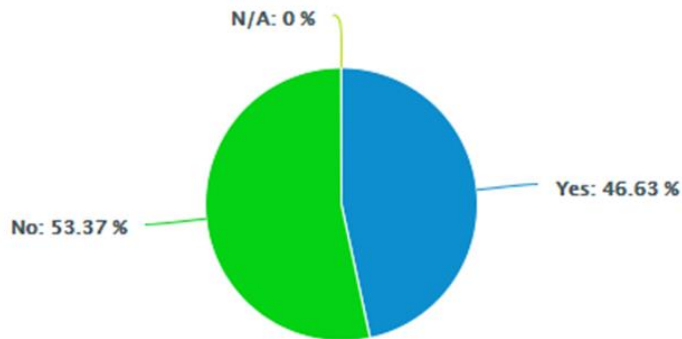
52.) The supervisor has documented in the Supervisor/CM Case Consultation section of TFACTS, a note that includes a brief summary of case strengths, barriers, service delivery challenges/progress and next steps?



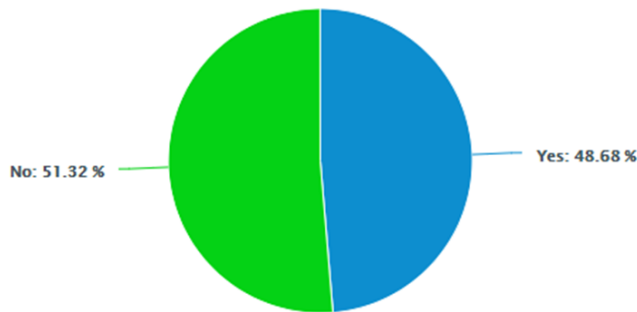
32.) Was FAST results utilized as part of the case planning process?



26.) Did the worker create a Family Permanency Plan when services are identified per policy?



16) Completion of FAST as required per policy?



7. The Office of Child Safety (OCS) is reviewing and revising the Special Investigations Unit's (SIU's) safety and risk Assessment tool to better identify and address immediate safety concerns and ongoing risks to a child in custody during an investigation.

Update: An ongoing review of the Safety and Risk assessment is currently in progress. DCS is partnering with Vanderbilt to develop the tool. The tool is being reviewed and assessed to determine if it can be enhanced to address each of the placement types (congregate care, Youth Development Center, foster home, etc.) investigated by SIU. SIU staff have met with the Vanderbilt team and evaluated each placement type and Vanderbilt is identifying the algorithm for the correct actionable item for each section of the tool. This process is being tested by one SIU team in the REDCap system. (REDCap is a secure web application for building and managing online surveys and databases. While REDCap can be used to collect virtually any type of data (including 21 CFR Part 11, FISMA, and HIPAA-compliant environments), it is specifically geared to support online or offline data capture for research studies and operations. The REDCap Consortium, a vast support network of collaborators, is composed of thousands of active institutional partners in over one hundred countries who utilize and support REDCap in various ways.)

8. The Office of Child Safety (OCS) created a pilot project designed to provide a more consistent and urgent response to infants with a Drug Exposed Child (DEC) allegation.

Update: The Office of Child Safety (OCS) and staff from Family Support Services (FSS) completed the pilot phase in Knox, Northeast, Smoky and East Regions. of responding to and investigating cases identified as infants with a Drug Exposed Child (DEC) allegation. This team works closely with the hospital staff to enhance the communication efforts and ensure information related to the infant is shared timely and accurately. The hospital staff play a key role in critical decision making with team members to ensure appropriate services are identified for the families. The initial pilot covered three regions and one main hospital (covering those regions) with a team comprised of one supervisor, five investigators and two FSS workers. Two additional teams have been created to expand the services to work cases involving infants, 0-3 months of age, who are drug exposed. These teams cover four regions and they work with hospital staff as well as community based providers to address critical needs of the children and families affected by addiction. The teams consist of staff from OCS and FSS. The FSS team members are working long term with the families identified to ensure follow up treatment/services are implemented and maintained. Initially, the teams completed specific DEC training in collaboration with the Department of Mental Health and Substance Abuse Services and Tennessee Bureau of Investigations. All the investigation teams and other DCS program staff across the state are also being offered additional training sessions to specifically address the need for DCS staff to understand addiction issues and gives staff tools on how to engage families with these issues.

9. Safety Analysts in collaboration with Safety Nurses will obtain and review case histories, summaries and medical records for the development of a Child Death Review (CDR) Report for presentation at a CDR meeting.

Update: The CDR Report is presented at Central Office Child Death Review (CO CDR) meetings which occur on at least a monthly basis, with additional monthly meetings completed as needed to accommodate for higher numbers of cases. The CO CDRT includes the following positions or assigned designees: Executive Director of Child Health, Director of Nursing, Director of Organizational Culture and Workforce Safety, Office of Child Safety representative, PQI representative, Child Program representative (with CPS Assessment oversight), an Independent Physician with training specific to children and adolescents, Safety Nurse, and Safety Analyst.

The Grand Regional Systems Analysis Teams (GRSATs) review all child death and near death cases recommended by the CO CDR to receive a full Systems Analysis Review (SAR). While at least two monthly meetings are tentatively scheduled in each of the four Grand Regions, these meetings only convene when a case(s) is set for review. Generally one or two GRSAT meetings are held in each of the four Grand Regions on a monthly basis. Each GRSAT is comprised of the following representatives or their assigned designees: Safety Analyst, Safety Nurse, Regional Administrator, CPS Assessment Case Manager (CM), CPS Assessment Supervisor, CPS Investigator, CPS Investigation's Supervisor, a community partner (e.g., Law Enforcement, Child Advocacy Center staff), and ad hoc members (as needed).

10. Death and Confirmed Near-Death cases will be reviewed on a monthly basis.

Update: Central Office Child Death Reviews (CO CDRs) are completed on at least a monthly basis. The Safety Analyst (SA) and Safety Nurse (SN) collaboratively present a summary of case records (i.e., Medical records, case recordings, DCS Assessments), and the SA and SN provide a recommendation regarding whether or not the case would benefit from a Systems Analysis Review (SAR). The CO CDR ultimately decides whether or not a case receives a SAR.

During the SAR, historical and current staff assigned to work with the child and/or family is invited to participate in a voluntary debriefing. The debriefing is an opportunity for staff to share about their work with the family, process any barriers and/or knowledge deficits, identify possible systemic barriers (e.g., service array, fragmented teamwork/coordination), and to provide the case manager or other DCS personnel with Employee Assistance Program (EAP) information. This information, alongside a detailed electronic and hard copy case file review, is presented in a narrative report to the GRSAT. The GRSAT reviews the case from a supportive, systemic perspective, with a focus on quality improvement and organizational learning. Content from the GRSAT's reviews are shared in regional meetings (e.g., Performance and Quality Improvement (PQI) circles, Core Leadership) on at least a bi-annual basis and in Central Office/statewide meetings (e.g., Safety Action Group, Policy and Practice) on at least a quarterly basis.

11. Once completed, all case reviews are submitted to the Commissioner, Deputy Commissioner of Child Programs, and Deputy Commissioner of Child Safety.

Update: The case review report out occurs after a single month's cases have been fully reviewed (i.e., reviewed by the Central Office Child Death Review (CO CDR) and Grand Regional Systems Analysis Teams (GRSAT)) with each report completed and approved by the Director of Organizational Culture and Workforce Safety. The length of time for this report out varies, based on whether or not cases were recommended for a Systems Analysis Review (SAR). SARs must be completed within 90 days of recommendation for review by the CO CDR. The Commissioner additionally receives up-to-date Child Death Review (CDR) information during Central Office Safety Action Group (COSAG) meetings. This meeting is co-facilitated by the Director of Organizational Culture and Workforce Safety and the Director of Performance and Quality Improvement. The COSAG meets a minimum of quarterly but has met monthly for FY2018. Monthly meetings are anticipated to continue during FY2019. The COSAG is comprised of the following people or their designee: Commissioner, Executive Director of Child Health, Deputy Commissioner of Child Safety, Deputy Commissioner of Juvenile Justice, Assistant Commissioner of Continuous Quality Improvement, Director of Performance and Quality Improvement, and the Director of Organizational Culture and Workforce Safety. The COSAG reviews data and formal considerations from the Child Death Review (CDR)/Systems Analysis Review (SAR) process and serves as the center point and sponsor of ongoing quality improvement actions connected to CDR/SAR. Both the Deputy Commissioner of Child Programs and Child Safety meet quarterly with the Director of Organizational Culture and Workforce Safety to discuss case reviews, themes, and quality improvement opportunities noted in CDRs.

12. A yearly report presenting Child Death Review (CDR) statistics, findings and recommendations will be generated and published on the web to support continuous transparency.

Update: An Annual Child Death Review Report is compiled by the Director of Organizational Culture and Workforce Safety and submitted to the Commissioner at the end of the first quarter of each calendar year and then made public via the Tennessee DCS website thirty days following the Commissioner's review. The report includes, but is not limited to, the following information for each death or near death reviewed by the team: demographics, cause and manner of death, cause of near death, findings, recommendations, and Department actions. The 2017 Annual Report is projected for public posting in June 2018. The 2016 Annual Report may be found at this link:

https://files.dcs.tn.gov/childsafety/2016/Summaries/2016_CDR_AnnualReport.pdf

Every year, the Safety Analysts and Safety Nurses create 24 case vignettes for "Spaced Education." Spaced Education is an annual training event for all case manager-series staff. During Spaced Education, case managers receive one vignette via email every week with a multiple choice question. The 24 vignettes are derived from common knowledge deficits or deviations from best practice standards, as identified through CDRs. Spaced Education disseminates safety-critical learning and the use of best practices. In FY2018, Spaced Education vignettes were organized into two 12-week tracks: a custodial track and non-custodial track. The custodial track featured scenarios and questions about care coordination and preventing/recovering runaways among foster youth, and the non-custodial track featured questions about best practice uses for the Family Advocacy and Support Tool (FAST). In FY2018, 1,070 DCS employees completed the entire Spaced Education curricula and received training credit.

Safety Analysts and Safety Nurses also create Safety Notices to disseminate critical knowledge and "lessons learned" from CDRs. These notices are created in collaboration with content experts, vetted by senior leadership, attached to applicable policies, posted on the DCS intranet, and reviewed during regional staffings and professional development trainings. Topics include the following: substance abuse assessment, domestic violence assessment and service array, international assistance locating children, best practices in interviewing children, and government processes for locating deportees. A total of 14 Safety Notices were created.

13. Quality assurance process will be developed to audit all necessary functions of CDR.

Update: The Office of Child Safety provides, at the beginning of every month, a case list of child deaths and near deaths in need of review by the Central Office Child Death Review (CO CDR). The CO CDR has 30 days to review the cases. The Director of Organizational Culture and Workforce Safety ensures all cases are reviewed by the CO CDR within prescribed timeframes. At the end of every month, the Director of Organizational Culture and Workforce Safety reconciles the list of reviewed cases to the list of cases assigned by OCS. After this check is complete, OCS is provided a list of reviewed cases to further reconcile OCS' identification of eligible cases with the list of actual cases reviewed.

The Director of Organizational Culture and Workforce Safety also reviews and provides feedback to the Safety Analysts and Safety Nurses throughout the review process, to ensure professionalism, and thoroughness of review. The Director of Organizational Culture and Workforce Safety reviews and gives final approval to every report to ensure quality and consistency across reviews.

14. Prison Rape Elimination Act (PREA) Audit

Update: The second cycle and year two of PREA audits started on August 20, 2017. It is a three year cycle and DCS has ensured at least one facility per year is audited. Wilder Youth Development Center was audited on March 26 and 27, 2018. The final report was received on May 10, 2018 and the facility was found to be 100% in compliance with all 43 standards. Gateway to Independence will undergo their second audit during the 2018-19 audit year.

The Statewide PREA Coordinator monitors all PREA incidents on a daily basis through the TFACTS Reporting System and screen outs by the CPS Hotline. The three Youth Development Centers are monitored as well as the private provider who maintains an average of 50% or more juvenile justice youth. When a PREA incident occurs, it is investigated by either the Special Investigations Unit (SIU) or Internal Affairs. The Statewide PREA Coordinator reads all PREA related incident reports and screen outs to determine if the incident meets the PREA definition of sexual abuse or sexual harassment and if an investigation is warranted. The Statewide PREA Coordinator also monitors the private providers that do not maintain an average of 50% or more juvenile justice youth for PREA related incidents. If there is a concern or one of the providers appears to be having a lot of incidents that involve sexual abuse or sexual harassment, those concerns and incidents are forwarded to the Provider Quality Team for additional review and follow up.

15. Identify the primary programs and services currently offered to youth adjudicated delinquent in residential care/custody.

Update: The Office of Juvenile Justice oversees the operation of two hardware secure youth development centers (YDCs) which serve delinquent male youth, ages 13 to 19. In 2012, DCS began contracting with G4S Youth Services to provide services for delinquent females ages 13 to 19. These facilities are located in Nashville, Tennessee (Gateway to Independence) and Somerville, Tennessee (Wilder Youth Development Center). The third hardware secure facility is located in Dandridge, Tennessee (Mountain View Youth Development Center) and is run by a private contractor. There are no secure facilities for females in Tennessee. All other Juvenile Justice youth in residential care are served through privately contracted services in the community. These contract services include:

- **Assessment:** Youth admitted to the YDC are administered a battery of screening assessments to make initial recommendations for treatment programming such as Alcohol and Drug treatment services and sex offender treatment, etc. The results of the screenings may result in referrals for more in-depth individual evaluations that could include psychosexual evaluation or evaluation for special education services.
- **Sex Offender Treatment (Level 3):** Contract personnel who are at least at the Masters level provide the therapy in this program. This therapy includes provision of ninety-minute psychosexual groups three times a week and a minimum of one, one hour, individual session per week. Sex offender treatment is offered at Wilder Youth Development Center only.
- **Individual Therapy:** Individual therapy is provided by contract personnel who are at the Masters level or above as needed.

- **Crisis Assessment:** Contract personnel who are at the Masters level or above provide emergency mental health services including crisis management. This service is primarily for youth who are expressing suicidal thoughts or demonstrating self-injurious behavior(s).
- **Case Consultation:** Upon referral, Masters level or above personnel provide consultations concerning individual cases. These consultations may address issues such as, but not limited to, screening for psychiatric consultation, individual management programs, etc.
- **Psychiatric Services:** Contract personnel are available two times per week to provide services. These services include evaluation, monitoring, and medication management.
- **Level II and Level III Alcohol and Drug Services:** Alcohol and drug treatment provided at the YDCs uses a cognitive behavioral and didactic approach. This includes individual counseling and intervention for 60 minutes one to two times per week targeting issues around alcohol and drug use and abuse.

Once the youth is assessed and specific treatment needs are identified an Individual Program Plan (IPP) is developed for the youth. The IPP includes the types of services that will be provided and the dosage of each. (i.e. Drug and Alcohol Education two times a week in group session, ART three times a week in group sessions, etc.) Progress in treatment is tracked through progress reports from the service provider , monthly staffing's and CFT meetings.

16. Match existing services with categories of services known to meet evidence-based standards through research evidence including the data collection of program dosage and using the Standard Program Evaluation Protocol (SPEP) determine the average level of recidivism expected from each program/service based on implementation.

Update: Services provided by private contracts include but are not limited to screening and assessment; case management with individualized planning for youth/families; educational and vocational programs; medical and dental care; mental health services including individual and group counseling; individual and family therapy; psychiatric services, evaluations, monitoring, and medication management; Level I and II Alcohol and Drug Treatment; Structured Youth Work and School-to-Employment programs for eligible students; structured indoor and outdoor recreational activities; and voluntary religious services.

Private providers deliver evidence-based and "home grown" therapeutic interventions/programs. DCS continues to collect duration of service, frequency of service, service quality, and characteristics of each youth receiving a specified service. These data are sent to researchers at Vanderbilt for further analysis at the service and youth risk levels to determine if the quantity of services provided match the levels found effective by research. This is accomplished by applying the Standardized Program Evaluation Protocol (SPEP), a tool that evaluates how closely delinquency interventions, as provided, align with the features of the most effective evaluated programs in the field.

The following monitoring systems are in place to monitor the service delivery of evidence-based interventions/services:

- All Requests for Proposals (RFP) include the requirement that vendors provide documentation verifying the use of Evidenced-Based Programming (EBP) throughout its entire service array. Thus, contract providers and juvenile justice community prevention and

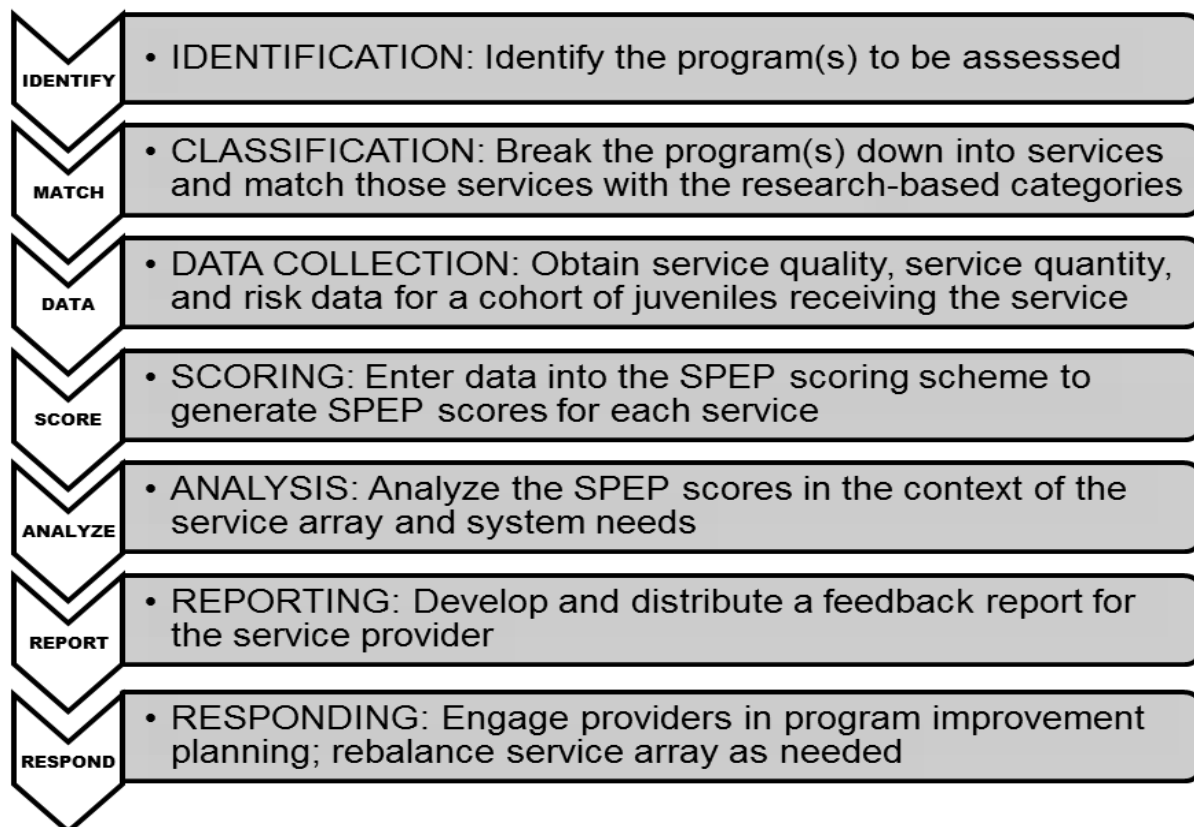
intervention grantees submit, during the RFP and contract negotiations, documentation of the evidence-based interventions/services that they provide.

- As of January 1, 2016, congregate care providers began documentation of individual youth service level data (i.e., quantity/dosage of service actually received) directly into TFACTS. This provides the ability to collect and aggregate the data at any point in time. Although TFACTS has facilitated the storage and organization of service level data, assuring accuracy and quality of data entered by so many different entities has also necessitated on-going training, review, and clean-up of said data in order to improve the quality of data entry and management. To date both private and state-run congregate care providers continue to enter service level data for youth adjudicated delinquent served.
- In order to assess the quality of the services rendered by private contract providers, the Department's Continuous Quality Improvement Division Program Accountability Review team continues to collect information relevant to the quality data component required for the Standardized Program Evaluation Protocol (SPEP) assessment scoring. A random sample of youth files from 2/3 of the provider locations is reviewed. Additionally, the existence of program protocols, necessary corrective action, and other measures of fidelity and/or program improvement are examined.
- A data extract containing dosage data and a separate data extract containing information about Child and Adolescent Needs & Strengths (CANS) assessments done within the period of January 1, 2016 to December 31, 2016 for service dosage and youth risk level was submitted to the Vanderbilt Peabody Research Institute researchers to determine if there is enough data to produce SPEP scores for services offered to youth at the Youth Development Centers (YDCs) in 2016. The goal is to provide a summary related to services, for each YDC, in the form of a SPEP score for each intervention that can be evaluated via the SPEP process. Data analysis of the service dosage and risk level of youth adjudicated delinquent for the period of January 1, 2016 to December 31, 2016 conducted by our Vanderbilt partners concluded that due to: 1) data integrity issues; 2) a July 2016 (mid-year) change in the risk level assessment tool utilized (the Department switched from the Youth Level of Service (YLS) to the Child and Adolescent Needs & Strengths (CANS); and 3) the Office of Juvenile Justice (OJJ) improvements to policy and protocols to align with best practices; numerous policies, protocols and manuals were developed, updated or changed in 2016-2017 rendering the 2016 identification and categorization of the type of service provided to each juvenile, according to the classification scheme derived from research literature obsolete. Vanderbilt Researcher was provided with service level dosage (duration and intensity of contact hrs.), and risk level data for CY 2017, along with Service Type and Service Quantity for 11 interventions provided at Gateway to Independence and Wilder YDC. The goal is to provide a summary related to services, for each YDC, in the form of a SPEP score for each intervention that can be evaluated via the SPEP process.

The following work has been conducted to further foster evidence-based programming at the state-run Youth Development Centers (YDCs):

- Dr. Jill Robinson, Research Associate, Vanderbilt Peabody Research Institute (PRI) conducted a day and a half long training on the Standardized Program Evaluation Protocol (SPEP) for leadership from the Youth Development Centers, Program Accountability Review Team, Quality Service Reviewers, Training Division and JJ Central Office.
- Two additional JJ central office staff were recruited to embark on the road to become SPEP certified through Vanderbilt Center for Translational Justice Research.

- There are 11 interventions at Gateway to Independence and Wilder YDC, for which the following categories: Service Type, Service Quantity/dosage (duration and intensity of contact hrs.), Service Quality and Juvenile Characteristics (risk re-offending level of youth served) were identified and collected.
- A Quality of Service Delivery Rating tool, specific to YDC programming, was developed.
- The following program features were reviewed and assigned a single program rating for each intervention that is to receive a SPEP score: Written Program Protocol, Personnel Trained in the Program and Associated Protocol, Monitoring the Quality of the Service Delivery and Organizational Procedures for Responding to Departures from the Protocol.
- While reviews of YDC program features were conducted, processes were implemented to improve the program SPEP score, such as the development of a Teen Outreach Program (TOP) protocol.
- Program Fidelity observations: on-site visits were conducted at Gateway to Independence and Wilder YDC to assess fidelity to program design, model and content of Aggression Replacement Training (ART) and Teen Outreach Program (TOP).
- A review of the evidence-based data extracts generated by TFACTS and also pulled a random sample of intakes from GTI and Wilder, and looked up the individual youth in TFACTS to ensure dosage data was being entered, reviewed for errors and made adjustments as needed. For review purposes below is the Life Cycle of the Standardized Program Evaluation Process (SPEP) process:



SPEP: A Users Guide, Lipsey, M. W., Chapman, G. L., Peabody Research Institute, Vanderbilt University, May 2013, p. 4

As stated earlier our DCS SPEP Team, comprised of 3 Juvenile Justice staff, completed the Identification and Classification phases, we also completed the service quality piece under the Data Collection Phase. While this process was taking place, staff from the Youth Development Centers and/or contract mental health providers enter the session type, session sub-type (if any), session date, session duration and a brief narrative. The large quantities of data are transmitted in a detail only report, produced in a single CSV file. The report runs each quarter, thirty (30) days following the end of the reporting quarter (ie. January-March reporting period is delivered on April 1).

The Vanderbilt Researcher we partner with was provided with service level dosage (duration and intensity of contact hrs.), and risk level data for CY 2017, along with Service Type and Service Quantity for 11 interventions provided at Gateway to Independence and Wilder YDC. The goal is to provide a summary related to services, for each YDC, in the form of a SPEP score for each intervention that can be evaluated via the SPEP process. In order to proceed to the scoring phase, data analysis of the service dosage and risk level of youth adjudicated delinquent for the period of January 1, 2017 to December 31, 2017 is conducted by our Vanderbilt partners. However, due to re-structuring at Vanderbilt, personnel changes both at Vanderbilt and DCS and personal extenuating circumstances of partner researchers, the analysis of data pulled from TFACTS (dosage and risk scores) to see which programs/services have data (starting Jan 2017) to be scored, has been delayed for several months.

The following tracking and adjustment has taken place:

On a quarterly basis, the Evidence-based data extracts generated by TFACTS were reviewed and a random sample of intakes from GTI and Wilder were pulled; individual youth were looked up in TFACTS to ensure dosage data was being entered and reviewed for errors by confirming with YDC Treatment Managers and/or program facilitators as to a particular youth's actual participation in a particular intervention.

When discrepancies were detected:

- Direct communication of the concerns took place with the Superintendents, Treatment Managers and/or program facilitators.
- When review of the data, resulted in a question as to whether it was a data integrity issue or an implementation issue with the Aggression Replacement Training (ART) and Teen Outreach Program (TOP) sessions; on-site visits were made to conduct Program Fidelity observations and protocols were developed for both programs.
- In order to better track therapists completion of entry into TFACTS. A request was made to the DCS Information Technology department to generate a monthly report delineating all the therapy services at the YDCs, per youth including individual, family and group therapy. The goal is to share the monthly report with contract providers in order to better gauge each services, per youth, being provided.
- In Jan 2018, an enhancement to TFACTS took place in order to deactivate certain service types while either adding or deactivating service sub-types for Evidence Based Services. The enhancement did not change any established processes, it "cleaned- up" the Service Type

categories a little better and some Service Type categories are now sub-types. And after reviewing last year's data, some sub-types were added.

SAFETY Outcome 2

Children are safety maintained in their homes whenever possible and appropriate

DCS Strategic Plan Priority:

Safety, Health, and Permanency

Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive

DCS Objectives:

1.1: Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family.

1.2: Ensure service array and access meets the needs and safety of children, youth and families.

Goals, Objectives, and Interventions Updates to the 2015 – 2019 CFSP

1. Expand at Central Office level support and advocacy work for the role resource linkage staff complete.

Update: The Department remains committed to constructive community engagement through intervention, prevention, and educational training and programs to foster a better quality of life for the families and children who we serve. Resource Linkage (RL) and Community Advisory Boards (CABs) continue to enhance the work with local families to provide needed resources for the protection of children and the prevention of out of home placements. Regional Resource Linkage Coordinators (RRLCs) have also been focused on assisting DCS staff with efforts toward reunification by providing and identifying needed resources and/or services in the community that allow the child to reunite with his/her family within the community. The practice of Resource Linkage and Community Advisory Boards has been integrated in all twelve (12) DCS regions, and during this fiscal year we continue to focus on strengthening those counties/regions where CAB's are under developed and less effective by re-introducing them to the CAB Toolkit. Also, to provide CABs with some direction, the Regional Resource Linkage Coordinators have been encouraged to provide training on TCA – 37-5-607 (Independent Local Advisory Boards) and DCS Policies and Procedures 14.28 (Resource Linkage). DCS continues its work of community engagement and partnerships statewide, and the Regional Resource Linkage Coordinators (RRLC) have served as lead agents to sustain this effort. The RL arm of Multiple Response System (MRS) guides families to tangible supplies such as food, clothing, utilities, shelter, transportation, furniture as well as services like mentoring and referrals to counseling.

Resource Linkage has implemented monthly and quarterly staff meetings to monitor and measure the quality of work performed by the RRLCs. Conference calls are held each month with a set agenda geared to enable the identification and discussion of barriers, needs and improvements that will enhance their ability to perform and/or deliver the work in their regions as well as across the state. Resource Linkage held the fourth Statewide in-service training on October 19 and 20, 2017 in Cookeville, Tennessee. The in-service provided staff with two days of training and presentations. Training topics included: Self-Care; Ethics on Social Media; and a Poverty Simulation. In addition, each of the 12 regions gave reports and updates on regional specific accomplishments, growth, and opportunities. Focus was also devoted to other areas of need such as how to access and create food pantries in communities, safe sleep training, mental health support training, addressing and accessing housing resources with an emphasis on housing for youth aging out of custody. These annual in-service training meetings have resulted in the sharing and development of new services statewide. Monthly and quarterly monitoring has yielded the conclusion that while regional RL and CAB work is active in all parts of the state, there is a need for greater continuity and consistency by which the effectiveness and quality of the work can be measured. A restructure/realignment of RL practice began at the end of June, 2018. Over the course of the next several months, the focus will be on capturing more of the work in TFACTS rather than through manual tracking reports; an additional focus will be an exploration of how RL can enhance support to non custodial case management through means other than material resources which is currently a large part of their work.

During this fiscal year, Resource Linkage began using Formstack (an online form builder, data collection and management system). On April 21, 2017, all statewide Regional Resource Linkage Coordinators begin making the transition of uploading resource linkage activity and data from Survey Monkey to Formstack. The transition to Formstack was aided with training via a Webinar and technical assistance from the Department's Director of Training and Professional Development.

The following data reflects the numbers from the first through the third quarters of the Department's FY 2017 – 2018. (The 4th Quarter numbers are not due until July 15, 2018): Formstack data revealed that the Statewide Resource Linkage Coordinators served 9,086 Children; 5,466 Adults and 5,833 families. The number of referrals for services and/or resources received by RRLCs statewide was 493 from the Child Abuse Hotline; 735 from the Community; 1,180 from CPS Staff; 2,004 from Foster Care Staff and 439 from FCIP/FSS/JJ Staff. This provision of resources and services by Resource Linkage Coordinators equated to a cost savings for the Department of \$344,619.05 during this cycle.

Resource Linkage has implemented strategies to "Strengthen Community Relations" through the utilization of Community Advisory Boards (CAB's). In an effort to increase public awareness of pre-prevention services available through CB-CAP grants, Regional Resource Linkage Coordinators have been adding this information periodically to the agenda for discussion and/or presentation at each County/Regional CAB in the State of Tennessee. Also, this information is provided via publication and is shared by RRLCs at events they attend and/or sponsor.

To provide guidance on how CABs and their members can optimize the Department's involvement in CABs, RRLCs developed the CAB Toolkit and offer training. Although this training is voluntary, RRLC staff strongly encourages CAB's that may be experiencing challenges in establishing viable and functional CABs to share the CAB Toolkit with its membership. While the level of CAB's effectiveness

is different across the state, RRLCs report that a free-standing CAB or an established Community Interagency Board, utilizing the CAB concept and process, is present in almost all counties in the state.

To improve communication of the Department's goals and challenges, and to increase community awareness of DCS's resources and services, RRLCs attend CAB meetings in their region. The CAB's agenda has a standing period for RRLCs to report on data, new initiatives/programs, policies and procedures. RRLCs also present at other events and conferences within the state. In addition, the DCS Deputy Director of Communications has provided promotional items that RRLCs can share with community members and partner agencies in an effort to increase awareness.

Resource Regional Linkage Coordinators have been working closely with our stakeholders and members of the CBCAP Advisory Board to identify those community-based resources and services. CAB's are utilized as a mechanism to get this information out to children and families in the communities across the state.

2. Review the Family Advocacy and Support Tool (FAST) and develop recommendations for revisions.

Update: The FAST underwent the most recent substantive revision in October 2016 to FAST 2.1. Since that time, revisions to the FAST have included the addition of items that address Commercial Sexual Exploitation, identify risk for sex trafficking and whether a child has been sexually exploited. In the spring of 2018, at the request of case management supervisors in the regions, the enhancement of requiring case managers to enter a written justification for every score of a 1, 2, or 3 before a FAST can be completed went into effect in TFACTS. This enhancement has further strengthened the Department's efforts in conducting quality and comprehensive assessments. Additionally, with the rollout of the new CANS 2.0, the custodial sister assessment to the FAST, items from the FAST prepopulate to CANS completed subsequently for the same children and caregivers, continuing the Department's integration of quality assessment across all areas of case practice. Finally, a proposal to update the tool to include items to assess and identify caregiver drug use and revision to the protocol changing supervisor approval timeframes from 72 hours to three business days are in progress and are expected to be finalized by July 2018.

3. Develop Family Advocacy and Support Tool (FAST) 2.1 reports to track and monitor compliance and timeliness.

Update: A FAST 2.1 report can be generated daily in Safe Measures. These reports provide information about which cases have assessments completed timely, not timely, and which do not yet have a completed assessment. There are also reports that show approval timeliness for supervisors. Additionally, there are two reports specific to the non-custodial program that is able to manage, track, and trend FAST assessment compliance. One report tracks when the initial assessment has been completed on a new non-custodial case and the second report keeps track of ongoing assessment timeframes, alerting staff of both the initial and ongoing due dates. There are plans to develop additional FAST reports to include a reassessment report for CPS to monitor and track completion of the report by the end of 2018. The reports generated in Safe Measures are utilized during each monthly grand regional IV-E/FAST call to discuss successes and barriers around

completion timeliness in each region for the specific month and in comparison to previous months. This information is then shared in the regions by the FAST Leads and the assessment consultants.

4. Ensure staff and supervisors are trained consistently on what constitutes a quality Safety and Family Advocacy and Support Tool (FAST) assessment.

Update: The Department partners with the Vanderbilt Center of Excellence (COE) to provide comprehensive certification training for all staff completing the Safety and FAST assessment. COE assessment consultants work in the field offices of every region across the state. The assessment consultants maintain current certification at all times through participation in training for trainers presented by the Praed Foundation, the partner to Chapin Hall in the development and evolution of the FAST tool. The COE assessment consultants facilitate all DCS certification and recertification training sessions. All staff responsible for completing or using the Safety and FAST are required to receive initial certification training during pre-service-at the time they first transition to a position in CPS or are assigned non-custodial cases. Once initially certified, all staff must attend and pass yearly recertification training. FAST certification training-focuses on quality assessment practice and the use of assessments to guide case planning. The assessment consultants, assessment supervisors, and COE data analyst along with the DCS Director of Assessment Integration conduct monthly grand regional IV-E/FAST calls which are attended by regional DCS staff representatives (Fast Leads). During these calls, the FAST Leads receive additional coaching regarding the FAST and quality assessment practice, support in supervision around the quality completion of the assessment in each region, and each region's assessment data, all of which they can share with staff and leadership in the individual regions.

5. Revise policy, deliver training, and implement the revised Structured Decision Making (SDM) Intake Assessment tool at the Child Abuse Hotline (CAH).

Update: Training for the SDM Intake Assessment for the CAH continues for new staff and refreshes current staff as needed. Recognizing the need to improve the intake assessment process at the CAH and how the SACWIS system can work more efficiently, the Department contracted with the Children's Research Center (CRC) again in 2017 to revise the Structured Decision Making Intake Assessment tool and manual. With plans to update TFACTS, it was necessary to also address inefficiencies in the current SDM Intake Assessment. The new contract with CRC ensures a new, easier to use and more efficient intake assessment that will be tested and validated in mid-2018. The new tool will also be imbedded in the new TFACTS enhancements for CPS.

6. Ensure service array and access meets the needs and safety of children, youth and families.

Tennessee currently uses a variety of resources to continue to assess the service array available to families, many of which are already explained throughout the document. In addition, Tennessee has been assessing and expanding additional services not previously mentioned to serve families and children. These include:

Nurturing Parenting Program (IV-E Waiver Intervention)

The Tennessee Department of Children's Services has initiated a pilot of the Nurturing Parenting Program (NPP) to address the need for effective service delivery for families, in order to reduce

admissions into foster care. Nurturing Parenting Program is an evidence-based parenting education program with proven effectiveness in treating and preventing the recurrence of child abuse and neglect. The program utilizes an evidence-based assessment to individualize services for the family, and utilizes both cognitive and affective activities to encourage and sustain attitudinal and behavioral change thereby reducing risk and addressing experienced trauma.

The target population for this pilot intervention will be families who currently have an open Child Protective Services or non-custodial case with DCS, who have at least one child between the ages of birth and twelve years living in the home, and who have scored actionable, or as needing services, in two or more of the following areas on the FAST 2.1 Assessment: Supervision, Safety, Discipline, Family Conflict, and/or Knowledge of Child and Family Needs.

Nurturing Parenting Program (NPP) is currently implemented in the Northeast region, being served by agency partner Families Free, and in the East, Knox and Smoky regions, which is being served by agency partner Helen Ross McNabb. As of May 2018, there are currently 70 families enrolled in the program across the four regions, and there have been 22 graduations (successful completion of the 16 week NPP program) from the program since the start of the pilot. A pilot in two additional regions demonstrated that direct service provision by DCS staff is not a sustainable modality; therefore, DCS is working to procure NPP services in those regions by the end of the year.

Intercept

The Youth Villages Intercept in-home services program provides treatment to children and families in their own homes at times convenient for the families. The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems. After adding an additional 60 slots last year, in FY18 DCS maintained its commitment and usage of 371 Intercept slots across the state. The Intercept contract completed its first year as a performance based contract, the outcome for which will be determined once data is available. DCS reassessed and reviewed data with staff to ensure the placement of Intercept slots is strategic, based on where the most significant impact can be achieved. Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals or group homes, and in successfully reuniting children with their families in the community. The diversion services (non-custody) generally last four to six months, while reunification services (custodial) generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period. In FY18 (through June 21, 2018), the Intercept program served 1,523 families, with an 88% success rate at discharge for those who received a minimum of 60 days of treatment.

Drug Teams

The creation of specialized drug teams, due to the increase of substance affected children, was a strategy that was developed and implemented in March 2017 to expedite and modify the response to families with substance abuse. The specialty team, which was piloted in collaboration with the University of Tennessee (UT) Hospital in Knox County, investigates drug exposed infants born or hospitalized at the UT Hospital who reside in the Knox, Smoky or East regions.

The team is able to identify resources and support systems that allow for infants to be safely placed out of the home with family members or friends under an Immediate Protection Agreement (IPA) with Juvenile Court oversight, which results in fewer babies entering foster care from this area. The

drug team focuses on the dynamics and distinctions of substance abuse and addiction related issues. The need for additional specialization for drug exposed children, and families impacted by addiction, was identified soon after this implementation and two more teams have been created to cover additional counties in the eastern part of the state. It is anticipated that the expansion of these teams may be needed in the middle or western part of the state and resource capacity is currently being evaluated.

The partnerships that have developed through this collaborative effort to address drug addiction include public and government funded agencies such as the Department of Mental Health and Substance Abuse, Department of Health, Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS), Tennessee Dangerous Drugs Task Force and the Tennessee Bureau of Investigation. Additionally, regional entities that have been integral in this effort include the University of Tennessee Hospital, East Tennessee Children's Hospital, Vanderbilt Hospital, and numerous regional hospitals located in the rural areas.

TN Health Collaboration

DCS continues to partner and collaborate with the Department of Health both on a statewide and a regional level. The Commissioners from both Departments distributed a joint letter encouraging hospitals to report incidences of abuse or neglect on infants due to substance abuse in an effort to comply with the Comprehensive Addiction and Recovery Act (CARA.) This provided the opportunity to re-educate health care professionals on the mandated reporting responsibilities to the DCS Child Abuse Hotline. Senior leaders within the Department of Health have been instrumental in coordinating opportunities for DCS leadership to partner and develop stronger relationships with physicians and pediatricians. Medical staff at Vanderbilt have expressed interest in collaborating with DCS for consultation to medical providers providing pre-natal care and counseling prior to the birth of a child impacted by substance abuse. In July, the Deputy Commissioner and the Executive Director will present information to the Perinatal Advisory Committee outlining initiatives and promising practices to address the issues related to substance abuse within child welfare. On a local level, representatives from the county health departments participate in programs such as the Single Team Single Plan and on advisory boards to encourage collaboration and improve professional relationships.

Juvenile Court Grants

The Office of Juvenile Justice awards 31 grants to juvenile courts and community agencies that serve youth at risk of entering state custody for delinquency, truancy, and other status offenses. The goal of these programs is to provide evidence based services which will enable youth to remain in the community and receive assistance with underlying issues. The juvenile court prevention programs consist of the following major program areas: Custody Prevention, Education, Day Treatment, Child and Family Intervention, Truancy Prevention, and Community Intervention Services (CIS). Funded services include juvenile court intake, county probation, and educational programs that provide an effective learning environment, a continuum-of-care for at-risk students, two intensive aftercare programs and eight intensive probation programs. Grant Awards for the last three years are detailed in the table below:

Program	Vendor	Con #	Service Type	FY 15-16	FY 16-17	FY 17-18
Aft Sc	Socially Yours for Youth, Inc.		After School Program	34,622	34,622	34,622
CIS	East Tennessee Human Resource Agency, Inc	43777	Intensive Probation	146,712	146,712	146,712
CIS	Helen Ross McNabb Center, Inc. (Home Base)	43779	Intensive Probation	266,782	266,782	266,782
CIS	Putnam County Juvenile Crt	43822	Intensive Probation	65,656	65,656	65,656
CIS	Rutherford County Juvenile Court (Teen Trax)	43823	Intensive Probation	46,448	46,448	46,448
CIS	Southeast Human Resource Agency	43824	Intensive Probation	101,064	101,064	101,064
CIS	Sullivan County- Project REACH	43829	Intensive Probation	57,494	57,494	57,494
CIS	Upper Cumberland Human Resource Agency	43830	Intensive Probation	191,418	191,418	191,418
CIS	Williamson County Juvenile Court	43831	Intensive Probation	128,000	160,000	192,000
	CIS Total					
Int AC	Helen Ross McNabb Center(Exit Program)	43863	Intensive Aftercare	296,493	296,493	296,493
Int AC	Quinco Mental Health Center(Reunion Program)	43864	Intensive Aftercare	148,208	148,208	148,208
	Intensive Aftercare Total					
JC Prev	Davidson County Juvenile Court	43966	Child & Family I	434,333	434,333	434,333
JC Prev	Madison County Juvenile Court	43968	Child & Family I	135,375	135,375	135,375
JC Prev	Montgomery County Juvenile Court	43924	Child & Family I	70,929	70,929	70,929
JC Prev	Stewart County Juvenile Court	43976	Child & Family I	14,607	14,607	14,607
	Child & Family Intervention Total					
JC Prev	Alamo Board of Education	43838	Custody Prevention	54,817	54,817	54,817
JC Prev	Benton County Juvenile Court	43839	Custody Prevention	92,617	92,617	92,617
JC Prev	Blount County Juvenile Court (Home Base)	43842	Custody Prevention	98,668	98,668	98,668
JC Prev	Bradley County Juvenile Court	43845	Custody Prevention	66,581	66,581	66,581
JC Prev	Crockett County Schools-Crockett Academy	43846	Custody Prevention	68,520	68,520	68,520
JC Prev	Knox County Juv CT- HR McNabb (InnerChange)	43847	Custody Prevention	183,392	183,392	183,392
JC Prev	Weakley County Juvenile Court	43977	Custody Prevention	62,747	62,747	62,747
	Custody Prevention Total					
JC Prev	Carroll County Juv Crt- Carroll Academy	43951	Day Treatment	643,884	643,884	643,884
JC Prev	Montgomery County Juvenile Court- TLC	43924	Day Treatment	422,082	422,082	422,082
JC Prev	Rutherford County Juvenile Court-TLC	43953	Day Treatment	417,696	417,696	417,696
JC Prev	Tipton County Juvenile Court	43954	Day Treatment	343,970	343,970	343,970
	Education, Day Treatment Total					
JC Prev	Decatur County Juvenile Court	43851	Truancy Prevention	54,817	54,817	54,817
JC Prev	Dyersburg City Schools	43860	Truancy Prevention	68,520	68,520	68,520
JC Prev	Henry County Board of Education	43861	Truancy Prevention	48,917	48,917	48,917
JC Prev	Lauderdale County Juvenile Court	43848	Truancy Prevention	68,571	68,571	68,571
JC Prev	Sullivan County Juvenile Court	43850	Truancy Prevention	53,720	53,720	53,720
	Truancy Prevention Total					
	Grand Total All Grants			4,887,660	4,919,660	4,951,660

Multisystemic Therapy (MST) and MST for Emerging Adults MST-EA

Multisystemic therapy is an intensive family and community based treatment program designed to make positive changes in the various social systems that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. A three million dollar statewide grant was awarded for intensive in-home services to Youth Villages. The program will use Multisystemic Therapy (MST) and MST that is targeted for Emerging Adults (MST-EA). The goal is to reduce delinquent commitments to DCS statewide and increase the use of evidence based practice in Tennessee's juvenile justice system in an effort to reduce recidivism.

Since the contract began in October 2017, Youth Villages has provided MST services to 205 children and MST-EA services to 15 young people (through June 2018). Thus far, data shows that 82% of youth have discharged successfully from MST (includes youth who received a minimum dose of 60 days of services). Success rates for MST-EA are not yet reportable due to the small number of discharges.

Delegated Purchase Authority Enhancements

To ensure families involved with the Department receive the highest quality of service, the Department developed the Designated Purchase Authority (DPA) service approval process. Within this process, Central Office Department staff communicate with regional staff to determine which service arrays within the region may be lacking or may need additional providers, based on volume of need. Once this information is received, Central Office staff then communicate with the identified providers to collect information regarding which services they offer, what the services consist of, and their qualifications for delivering said services. After these documents are secured, the application is reviewed by the Behavioral Health Team to make sure all necessary qualifications are met to deliver the requested service. Once final approval is received and background checks and rate negotiations are finalized, the Central Office point person then communicates this information to both the provider and regional staff regarding the newly available service/service provider. The Department is currently working on developing a re-approval process for currently approved service providers to ensure quality of services and compliance with necessary qualifications is maintained on an ongoing basis.

Permanency Outcome

Office of Child Programs

The Office of Child Programs is responsible for supporting quality child welfare practice with families and their children who are either in the custody of the state due to abuse or neglect, or receiving non-custodial services. The main areas of focus are parent/child visitation, quality case contacts, timely permanency, and increasing the capacity to document diligent search efforts.

Permanency Planning

All permanency plans are developed in the context of the Child and Family Team Meeting (CFTM) where children (when age/developmentally appropriate) and families are included in the development of plans and decision making. Enhancements are in the testing phase in the Tennessee Family And Child Tracing System (TFACTS) Permanency Plan Module that includes integrating assessment results into planning in order to aid workers in the development of goals and action steps targeted to better meet the identified needs of the child/youth and family. This means that if an assessment indicates that there is a need, TFACTS will automatically populate a need record, which will then require the need to be addressed on the permanency plan. As part of this enhancement there will also be distinct differences in permanency plans for different program areas. This will allow each program to better tailor their plan to the needs of that particular client or case. This also means that workers can update a plan for one child/youth in a family and not disturb the plan of a sibling that may be served through a different program or have a different Child and Family Team. This TFACTS enhancement is intended to support timely permanency. In addition, and in conjunction with legal, a creation of an accompanying document will be produced to accompany the permanency plan that will show parents' responsibilities or action steps so that those can easily be identified. This permanency plan enhancement is scheduled to be released on August 1, 2018.

Parent/Child Visitation

Parent and child visitation remains an ongoing challenge as parents' barriers prevent them from remaining actively involved in reunification efforts. Ensuring workers have the resources and skills to support parent/child visitation is part of ongoing work. DCS continues to make use of the Performance and Quality Improvement (PQI) process through regional permanency PQI teams to address improvements in this area. The Permanency Plan enhancement that will be released on August 1, 2018 will automatically include a need category for a visitation plan to be created for any child/youth whose parents' rights are intact. This will help workers ensure that a visitation plan is created with the family during the meeting where the team will create the first permanency plan and reviewed thereafter. Through this enhancement there will also be an opportunity for workers to document when there is a restriction or a good reason that visitation is not occurring so that our reporting more accurately reflects the status of visitation for families being served. This change in reporting will also help identify trends and areas of opportunity in the area of parent and child visitation. In addition, there is ongoing work to ensure worker contacts with families are meaningful. The training division has developed a training to help workers have a more clear understanding of what a quality visit consists of and how to make those visits meaningful while maintaining the safety of everyone involved. Quality is a focus of regional work through improvements around case supervision and using case process reviews (CPR) to improve documentation quality.

Diligent Search

Modifications to TFACTS to include case recording options regarding diligent search and new reporting has improved tracking for diligent search efforts. Policy revision around diligent searches has been geared toward the importance of initial engagement with family to obtain diligent search information and continue diligent search efforts throughout the life of a case. More recently, the same modifications have been made to the child safety case to include the same case recording options to capture diligent search information prior to or during child removal. These changes are currently under review and should be effective around August 1, 2018. The CPR process will be utilized to monitor and track improvements.

Permanency Reviews

As a part of routine practice, Regional Administrators across the state conduct a series of case reviews to target cases for needed work toward permanency and to ensure length of stay is reduced. Permanency reviews are conducted on all cases where children have been in custody over six months. These reviews focus on worker and supervisor tasks to move cases toward permanency and use a group supervision approach to provide coaching and feedback to frontline supervisors. The case review process is in place so that all levels of staff from the Commissioner to the case manager are able to identify case needs and ensure timely case planning.

A special nine month legal review is conducted when a child/youth has been in care nine months to ensure case work activities are on track toward reunification or shifting gears toward alternate permanency arrangements, including TPR. This review is another opportunity for group supervision between the Team Leader, Team Coordinator, and legal staff to determine next steps. The case review process is in place so that all levels of legal staff consult on each case. In this way, regional attorneys discuss specific cases with General Counsel and are able to identify case needs and ensure timely case planning. One emerging trend is that there is an increase in days to get a trial in some regions.

DCS strives to ensure kinship placements for all children in DCS custody. Approximately 12.7% of all children, and 19.1% of children under age 5, are placed with kin while in DCS custody. This contributes to timely permanency/reduced length of stay and greater placement stability for children for a variety of reasons. For one, parents struggling to successfully comply with their permanency plan are generally more likely to agree to children exiting to the custody of a relative. Biological parents often come to the agreement to divest or surrender sooner in kinship cases.

The primary goals of kinship placements include:

- Early engagement and support with families
- Increased permanency for families
- Decreased lengths of stay
- Increase the number of first placements with family
- Shorten time to full approval for relative placements
- Increase the total number of approved relative homes
- Increase the number of step-downs to relatives
- Increase supports to stabilize relative placements
- Increase full disclosure and clarity of information to kinship placements
- Decrease kinship/relative disruptions
- Increase diligent search compliance

Single Team/Single Plan Model

A new practice initiative that began roll-out across the state in 2016 is the Single Team/Single Plan (STSP) model. The model, developed by the Governor's Children's Cabinet as a Multiagency Collaborative Approach, brings different state agencies to a collaborative table to streamline and enhance access to services and resources. Clientele with complex multi-agency needs are served through a gatekeeper care coordination model. Pilot roll-out is complete in ten of the twelve regions, with the final two regions scheduled to begin a pilot in June, 2018. A total of 19 counties are currently piloting various versions of STSP, most of which have elected to serve the under school age drug affected population. At the end of April 2018, there were 80 families representing 155 children being served statewide by the Single Team model.

Time to Permanency

In the most recent Child and Family Services Review Data Profile, the percentage of children/youth who achieved permanency in 12 months was 41.9%.

Kinship/Relative Caregiver Program

Tennessee's Relative Caregiver Program is administered through eight contract providers who receive limited funding to provide non-custodial relative caregivers and the children in their care support to prevent entry or re-entry into state custody. The program is available in all 95 counties in the state. Generally, the support includes information and referral services, family advocacy, respite and recreational opportunities, or similar non-financial support. To date, in state fiscal year 2018, the program has served 3,178 families/5,379 children compared to 2,826 families/4,887 children in all of fiscal year 2017.

Adoption and Adoption Support

DCS continues to focus on improving pre/post adoption/guardianship support to families. There are currently approximately 700 children in full guardianship and approximately 50% of them do not have an adoptive family identified. Support to existing and prospective adoptive/guardianship families includes, but is not limited to, the following:

- Pre-adopt or permanent guardianship trauma informed classroom training
- Pre-adopt or permanent guardianship in home family counseling
- Post adoption or permanent guardianship sustainability intervention services
- Monthly teleconferences with regional DCS and private provider staff to review all DCS custodial children in full guardianship
- Direct case consultation
- Periodic targeted case reviews
- Data gathering and analysis of children with a legal status of full guardianship
- Coordination of child specific recruitment efforts (e.g., adoption registration, photo listing and matching for children in need of permanent homes)
- Regional support for writing pre-placements summaries needed to provide full-disclosure to families, and other adoption related tasks
- Annual professional development opportunities designed to enhance skills and abilities of regional DCS and private provider staff in the areas of permanency and permanency supports
- Delivery of Statewide Adoption Awareness classroom training to DCS foster care, permanency, and private provider staff across the state to include models for best practice

and program instructions on departmental policies and procedures related adoption and permanency work

Program Outcomes:

- Lead the nation in timeliness to adoption (AFCARS data)
- Increased funding to expand pre and post adoption services to children and families to include adoption preparation training and intensive in home counseling to all pre- adopt families for the purpose of improving permanency outcomes and family stability pre and post adoption finalization
- Limited adoption dissolutions-less than 2% for children that receive adoption support services
- Increased awareness of post adoption services and supports through universal outreach efforts to all families with a finalized adoption/approved adoption subsidy agreement through informational brochures at finalization and twice annually thereafter
- Had no state audit findings for a sustained three audit review period for adoption assistance and subsidized permanent guardianship
- Attained the 2017 Tennessee Fosters goal of finding forever homes for a minimum of 100 children/youth who were in full guardianship at the end of December 2016 without a family identified
- Finalized 1255 “forever homes” adoptions in FFY 2017

Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG)

In 2015, DCS applied for and was awarded approval to participate in a five-year project with The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The five-year project is designed to promote permanency where reunification is no longer a goal, and improve adoption and guardianship preservation and support. DCS partners with Harmony Family Center on the QIC-AG project. Harmony, a Tennessee based, private non-profit organization specializing in adoptions and adoption support services, administers the Adoption Support and Preservation Program (ASAP) for the State of Tennessee. The QIC-AG project is designed to test the effectiveness of a family-centered trauma-informed, bio-psychosocial assessment process to identify the needs of children and families who are referred (or self-refer) to Tennessee's ASAP program. The process enables the identification and use of interventions that best align with a child's developmental capacity. Tennessee chose the Neuro-Sequential Model of Therapeutics (NMT) as the evaluable intervention in assessing and addressing the needs of post-adoptive families who are in active crisis or at risk of a crisis that may result in discontinuity of the adoption. It is anticipated that approximately 300 children will be enrolled in the evaluation; 150 in the intervention group, and approximately 150 in the control group who are expected to receive services as usual in the comparison regions. Spaulding University has the lead for gathering, compiling, and evaluating the data for the five-year evidence based project.

Inter-Country Adoptions

The State currently has an explicit element in TFACTS that identifies if a child was previously adopted (AFCARS FC #16), but this element does not delineate if the child was involved in an international adoption. The State is in the process of discussing the most appropriate method of adding an additional element in TFACTS to clearly designate when a child was a part of an international adoption and enters DCS custody. We are also reviewing policy and protocol to define the process and responsibilities for gathering this information.

Based on the information available in TFACTS, the State has done an extensive review of children who are in the AFCARS reporting population where Child Previously Adopted = Yes and the documented Birth Country was something other than the United States. In the past 5 years of AFCARS reporting, 25 children were identified as meeting those criteria. Through the review of those 25 cases, these were determined to be children who were part of an international adoption, and subsequently entered State custody, but for reasons other than dissolution or disruption of the adoption. The State is working to identify a more efficient means for tracking and monitoring that information.

PERMANENCY Outcome 1**Children have permanency and stability in their living situations****DCS Strategic Plan Priority:**

Safety, Health, and Permanency

DCS Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive

DCS Objective:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family.
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community

Goals, Objectives, and Interventions Updates to the 2015 – 2019 CFSP

1. Improve/Refine existing work in Finding Our Children Unconditional Support (FOCUS) program to ensure that children in full-guardianship are moving to adoption or another positive permanency outcome. Create additional data to track progress of children moving to adoptive permanency to ensure that cases are being reviewed timely and children are moving expeditiously to permanency.

Update: Full guardianship cases continue to be reviewed on a monthly basis by field staff with updates provided to Central Office. Effective January 2018, the process of joint Central Office/field reviews was transitioned to a quarterly process with protocols modified to guide the change. FOCUS is now embedded in policy 16.31 (D) (4) (d) as a means to ensure guidance on recruitment of permanent families and supports, identifying and removing barriers to permanency, and ensuring that once a permanent family is identified, supports are in place to prevent discontinuity or disruptions. Additional data sets were added to the reviews in 2017 which include whether the case was a previous failed adoption and if the child has received adoption counseling. Because any full guardianship case that does not have a family identified becomes a FOCUS referral to Harmony Family Center for archaeological digs and individualized recruitment plans, the Department is currently actively partnering with Harmony on a 2018 goal to find homes for a minimum of 80% of the 118 children/youth who entered full guardianship during 2017 and had no family identified by the end of 2017. At the end of May, 27% of the goal had been attained.

2. Increase usage of the Statewide Automated Child Welfare Information System (SACWIS) to determine and document eligibility of adoption assistance and guardianship subsidies.

Update: In 2015, Tennessee Family And Child Tracking System (TFACTS) functionality was enhanced to automatically generate and document an eligibility determination. In early 2017, DCS Central Office program and fiscal staff worked in collaboration with the Office of Information Technology, to

develop TFACTS enhancements, system notifications, and TFACTS generated reports to detect and prevent ineligible subsidy payments. No additional enhancements have been made since that time.

3. Work closely with the Departmental Office of Information Technology (OIT) staff to assess and plan to automate the Statewide Automated Child Welfare Information System (SACWIS) for determinations of subsidy eligibility.

Update: Portions of the subsidy eligibility module were automated; however, other enhancements are needed to fully automate the subsidy eligibility determination process in TFACTS. This enhancement is complex and the full automation process continues to be completed in phases. Fiscal continues to work with OIT on phases of enhancement, including the automation of reimbursement.

4. Create a process within the Statewide Automated Child Welfare Information System (SACWIS) to assign subsidy cases directly to the unit rather than track them on a separate document.

Update: While TFACTS has functionality to assign subsidy cases directly to the worker responsible for managing the adoption assistance and subsidized permanent guardianship subsidies, it still does not have the enhancements to produce necessary reports.

5. Work closely with the Office of Information Technology (OIT) to create reports related to adoption assistance and guardianship subsidy for improved support to staff and work management.

Update: DCS Central Office program staff work in collaboration with OIT to develop TFACTS reports that would enhance staff abilities to manage subsidy work. Currently, the only supportive report is the re-entry report.

6. Eliminate remaining backlog registration of closed adoption records striving to achieve currency of registration of all closed adoption records within three months of receipt.

Update: The backlog of registrations was completed prior to the end of 2017. All newly received DCS/Non-DCS closed adoption records are now registered and submitted to centralized storage within 30 days of receipt.

7. Address "backlog" of loose court documents, petitions/final orders and determine secure disposition of the documents—either registration or if duplicate, secure destruction which is available with additional staffing received in 2014.

Update: The original strategy/plan that was developed to formally address registration of court documents was adjusted in October 2015. The project included either registration, or if a duplicate, destruction of the backlog petitions, final orders and other court documents. Emphasis was placed on collaboration with DCS regions and the Administrative Offices of the Court to secure these documents in a timely manner. Staff continues to work to register, or destroy when appropriate, the backlog of loose documents. A staff member is assigned to register current documents as they are received to prevent them becoming part of the backlog.

8. Review of Planned Permanent Living Arrangement (PPLA) goal requests and approval of all PPLA goals provided in writing within two weeks of request receipt based on thorough review of the request to ascertain if it meets criteria and is in the best interest of the youth. If approved, a Child and Family Team Meeting (CFTM) will be held to change the goal on the Permanency Plan.

Update: As of June 2018, there are 31 youth statewide who have the goal of PPLA. No youth under the age of 16 is eligible for this goal. The goal is discussed during a Child and Family Team Meeting prior to the request being sent to Central Office. The PPLA foster family and the identified youth sign a PPLA agreement as a formal sign of their commitment to relational permanency. The goal is reviewed every six months in a CFTM to ensure continued validity and renewed annually if needed.

PERMANENCY Outcome 2

The continuity of family relationships and connections is preserved for children

DCS Strategic Plan Priority:

Safety, Health, and Permanency

DCS Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive

DCS Objectives:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community

Goals, Objectives, and Interventions Updates to the 2015 – 2019 CFSP

1. A Diligent Search Enhancement Project is underway to the Statewide Automated Child Welfare Information System (SACWIS) that will make it easier for workers to document their efforts.

Update: At the point of our 2017 update, diligent search had been added as a case recording type in TFACTS and could be tracked and reported through TFACTS. There were two reports that could be accessed around diligent search. One report reflected when a diligent search is due based on when the last diligent search was completed. There is also another diligent search detail report which breaks data down into the percentage of children who have had a diligent search within the reporting period. Since July 2017, policy revisions around diligent search have been geared toward the importance of initial engagement with family to obtain diligent search information and continue diligent search efforts throughout the life of a case. More recently, the same modifications have been made to the child safety case to include the same case recording options to capture diligent

search information prior to or during child removal. These changes are currently under review and should be effective in August 2018. The CPR process will be utilized to monitor and track improvements.

2. A Trauma Focused Child and Adolescent Needs Assessment (CANS) is being developed for the 0-4 year old population.

Update: The trauma focused CANS module has been vetted and is ready to roll out. It was not rolled out with the rest of CANS 2.0 so as not to overwhelm the staff with a new assessment version and new population to assess. DCS's plans to conduct an intensive training around assessing this age group and is partnering with the Vanderbilt COE and Dr. Giovanni Billings, an expert in the age group, to develop a training curriculum. A plan is being developed to train a county in the Southwest Region to use the 0-4 module in the Safe Baby Court in Madison County. After this "small test of change" has been used for approximately 6 months, a plan will be developed to further rollout to the state. DCS originally intended to have this fully rolled out by the end of 2017 as reported last year. However, DCS decided to proceed with the rollout more slowly and thoughtfully than initially planned.

3. A Permanency Plan Enhancement Statewide Automated Child Welfare Information System (SACWIS) Project is scheduled for the 2014-2015 year.

Update: At the point of the 2017 status update, Phase One of Permanency Plan enhancements was completed. It included a Child and Family Team Meeting (CFTM) redesign, electronic case record enhancement, and increased access to the needed database interface. Phase two enhancements are currently in the testing phase. Phase Two includes enhancing the CFTM module to allow workers to address family strengths, needs, and action steps as well as develop a family permanency plan in the same computer section. The permanency plan document was redesigned to continue to capture all required federal and state statutory information but also generate a "to-do" list for each parent so they have a clearer understanding of their individual responsibilities. As part of this enhancement there will also be distinct differences in permanency plans for different program areas. Each program area will be able to better tailor their plan to the needs of that particular client or case. This also means that workers can update a plan for one child/youth in a family and not disturb the plan of a sibling that may be served through a different program or have a different Child and Family Team. The Phase 2 TFACTS enhancement is intended to support timely permanency. This permanency plan enhancement is scheduled to be released on August 1, 2018.

4. Enhancements to the Statewide Automated Child Welfare Information System (SACWIS) Assessment Module and Assessment Tools and the Child and Family Team Meeting (CFTM) Module were scheduled for 2014-2015.

Update: Phase One of the enhancement project began January 2016 and has been completed. In this enhancement there was a CFTM redesign and electronic case record enhancement to create a home page for each child and quick action project to reduce the number of screens to pass through to get to a destination. Currently, work continues on the continued CFTM re-design. As the permanency plan enhancements continue to roll-out, the CFTM in TFACTS and the accompanying form on the server will change to fit the information that is being collected. Staff will no longer have to enter a desired outcome. Workers will be prompted to inquire about trauma to capture

information that is critical to review in follow-up meetings. The redesign is expected to roll-out in August, 2018.

5. Training developed to help workers create Permanency Plans that are clear, meet the needs of the child and family, use the results of the assessments in the plan, and creates a clear pathway to permanency.

Update: Training has been developed around a Quality Permanency Plan guide and is currently being delivered across the state.

6. Development of a Family Service Worker (FSW)/Parent visitation report so Central Office and the regions can monitor caseworker contacts with parents.

Update: The FSW-Parent/caregiver report specifications have been designed. The report has been prioritized and development will begin in FY 2019. Once development is completed, the report will be tested and moved to production.

7. Regional Permanency Performance and Quality Improvement (PQI) teams will continue to work on challenges to parent/child visitation occurring and being documented correctly.

Update: Regional staff and PQI teams remain focused on monitoring parent child visitation for frequency and quality. PQI teams across the state routinely look at the data referenced above regarding frequency of visits and ensure all visitations are documented.

8. DCS continues to assist the Relative Caregiver Program (RCP) in supporting relatives who take on the responsibility of raising related children when birth parents are unable to do so. The RCP provides access to resources and services that support the families in order to deflect the need for custodial services. The RCP services increase stability and safety for at risk children while supporting them in the care of their relatives. RCP collaboration with contracted providers continues in each region.

Update: Tennessee's Relative Caregiver Program, which is administered through eight contract providers, served 3,178 families/5,379 children in the first ten months of state fiscal year 2018. This was an increase in total families (2,826) and children (4,887) served in the previous fiscal year. The contract Relative Caregiver providers survey relative caregivers annually in regard to service provision and recommendations for enhancement. Relative Caregiver contract directors state that they use the feedback from the client satisfaction surveys for program improvement. The Satisfaction Surveys are reviewed by RCP directors for planning purposes such as, the provision of educational workshops, defining services that are more effective, and gleaning insight on how RCP staff can better serve families. Based on the results, they include the RCP staff in future planning for those improvements. The surveys are also shared with Advisory Boards, which include caregivers, for additional discussion on program enhancements.

9. Kinship placements and the kinship foster home approval process will continue to go through modifications to improve the timeliness to approval and to provide financial assistance within a shorter period of time. There is a drive to increase the number of Kin/Relative placements within each region and statewide.

Update: Kinship placements and the kinship foster home approval process remain a focus in ensuring timely permanency for children/youth. Approximately 12.7% of all children are placed with kin while in DCS custody. What began as a Shelby county pilot several years ago, with the goal of decreasing the time for approval for kin/relative caregivers has now expanded statewide. All regions now have the capacity to offer kin families a condensed version of PATH training that can be completed in two weekends, and that sometimes provides day care services and meals during training sessions.

10. Collaboration with the Department of Health (DOH) to integrate the registries of each Department which would enable designated “users” including designated DCS Regional staff or private attorneys and private agencies personnel to access the registry directly.

Update: The Department of Health’s (DOHs) Vital Records database, and putative father registry, is utilized by Department staff to verify birth records to determine if there is a father on the birth certificate who the Department will want to notify and engage, and to verify family information in post-adoption work. The DOH’s conversion to their new records system, The Vital Records Information Systems Record Management (VRISM), was initiated April, 2017. Leadership of both Departments are exploring the feasibility of allowing access to and clearance of requests for “name of putative father” to designated regional DCS staff. Until that decision is made, DCS staff continue to utilize the ‘old’ vital records system, and receive assistance from DOH staff when information is needed from the new system.

Well-Being Outcome

Physical and Mental Health

The Office of Child Health works closely with the regions to ensure that a Health Screening or an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Screening is done within 72 hours of a child coming into custody to be consistent with Council on Accreditation (COA) standards. Dental check-ups are done every six months. The overall completion rate of EPSDT medical visits is 94.29% statewide, and for dental visits, 89.73%, as of May 2018. These rates have remained consistently high even after the resolution of the *John B* and *Grier* Lawsuits that focused on children getting necessary health services and their appeal rights.

The Office of Child Welfare Reform has assumed responsibility for the management of the transition process for youth with Intellectual and Developmental Disabilities from the Department to BlueCare Employment and Community First Choices programs (ECF-Choices Program). These new programs assist this population to live as independently as possible at home or in the community for young adults who are 18 years of age and transitioning out of the custody of the Department of Children's Services. Since assuming ownership of this process, protocols have been developed for DCS staff and BlueCare Provides to simplify the transition process for youth, and to ensure all of their needs are met during the transition. Additionally, the Office of Child Welfare Reform is actively coordinating with other Department and state agencies to ensure youth who qualify for the

program are identified early and that everything is in place to allow youth to transition on, or close to, their eighteenth birthday to receive the necessary support services.

Child Health is central to the identification and implementation of a treatment model for Tennessee's two Youth Development Centers. Historically, therapeutic services were provided through a mix of community agencies and independent providers. Although in most cases services are located onsite, they were not fully integrated with facility programming. The current model combines the safety and security of a hardware secured facility with the consistency and structure of well-trained staff working in direct contact with small groups of students. This balance between correctional and therapeutic approaches supports a culture where staff and students feel safe to work and improve.

In 2017, approximately 32% of youth in Tennessee State's Custody were treated with a psychotropic medication. To address the unique needs of this population and continue the good work that was started as a result of the psychotropic monitoring and consent item of the *Brian A.* settlement, DCS is implementing a two part solution; (1) improve current training and practice with foster parents and case management staff, (2) develop a special medication monitoring program at Vanderbilt University. Through the partnership with Vanderbilt, ongoing monitoring of TennCare pharmacy claims data allows there to be alerts to Regional Nurses to problematic prescribing practices so they can better monitor child safety. DCS Regional Nurses consult with a specialty team at the Vanderbilt Center of Excellence (COE), which consists of Psychiatric Mental Health Nurse Practitioners, and supported by a Child Psychiatrist. The COE Nurse Practitioners extensively evaluate the proposed medication regimens and use evidence-based practice to make decisions and specific recommendations around the use of psychotropic medications. These consults are documented in the child welfare tracking system (TFACTS), where they are available for review by members of the child's team, such as the Regional Nurse, Family Service Worker, and Team Leader.

Age Ranges of Children treated with Psychotropic Medication 2017 - 2018

Age Range	Yearly Average
<= 5	78
6 - 10	374
11 - 14	584
15 - 17	1076
18 +	57

Education

The Education Division is charged with ensuring that the educational needs of students in state custody are met in both the Juvenile Justice and Social Services areas. Its major responsibilities include: (1) operating a state approved special school district for two Youth Development Centers (YDCs); (2) in collaboration with the DCS offices of Quality Control, Risk Management, and Child Programs, overseeing and monitoring on-site schools within congregate care programs operated by DCS provider agencies; and (3) advocating for students in state care by attending educational meetings, consulting with DCS staff, resource parents, and schools, and providing educational training to departmental personnel and to schools. The division is led by the Director of Education and includes 15 regional Education Specialists, six Central office consultants, and one support staff.

Child Adolescent Needs and Strengths (CANS)

The Child and Adolescence Needs and Strengths “CANS” is a standardized assessment designed to maximize communication about the needs and strengths of children and families served. The Department partners with the Vanderbilt Center of Excellence (COE) to provide ongoing training and support for field staff using the CANS in case practice. There are 23 COE assessment consultants across every region of the state. The assessment consultants provide training and support around completion of the CANS and quality assessment practice to the regional staff. Additionally, they provide one-on-one case consultation and regional group assessment education. The assessment consultants are the final approvers in the approval process for each CANS complete. All staff are required to attend initial CANS certification training prior to receiving access to complete the CANS in TFACTS. In order to maintain certification, staff are also required to attend yearly recertification training. All CANS certification and recertification training sessions are facilitated by the regional assessment consultants. This structured training process is designed by the CANS developers, the Praed Foundation and Chapin Hall, for the purpose of maintaining assessment reliability and validity.

In the past, the Department’s primary focus was on compliance with completion of the CANS. Though completion timeliness remains a priority, the focus has shifted to the integration of the CANS in case practice through collaboration with the Child and Family Team to complete the assessment and then using the assessment to drive case planning and manage outcomes. In the fall of 2016, the Department, in collaboration with the COE, in a single county of one region, initiated the Assessment Integration Enhancement Project, a learning collaborative training model designed for frontline supervisors. Unlike one-time training sessions, this learning collaborative model spans approximately six months for each region. The sessions begin with an initial call introducing the supervisors to the science of implementation, which is followed by an initial day-long in-person training session in which supervisors are immersed in Transformational Collaborative Outcomes Management (TCOM), the philosophy on which the CANS was developed, Motivational Interviewing Techniques, and the Plan Do Study Act (PDSA) Cycle and small tests of change. This initial training session is followed by four monthly coaching calls during which the frontline supervisors discuss their small test of change, ask questions, provide feedback to the trainers, and receive guidance and additional education around assessment integration. After the coaching calls are complete, the supervisors are brought together for a final face-to-face session, Sustainability Planning. Today, Assessment Integration has been fully implemented in three entire regions. A recent qualitative review of cases from these pilot regions revealed measureable improvement in the use of the CANS to collaborate with children and families and to drive case practice. As a result of these outcomes, DCS leadership approved statewide rollout of the Assessment Integration Enhancement Project. The rollout will begin in August 2018 and is projected to be completed by the spring of 2019.

In addition to the Assessment Integration Enhancement Project, the Department and the COE have enhanced CANS training curriculums to emphasize the principles of TCOM and the use of CANS actionable items, those scored ‘2’ or ‘3’ to guide case planning. Specifically, all staff are trained that the actionable items must be needs addressed on the permanency plans so that the team is certain to identify and seek necessary services to address those needs. The Department’s Assessment Integration staff and COE staff have worked with the Department’s training team to also include assessment integration and CANS principles in general training curriculum, such as Facilitator Training and Child and Family Team Meeting Training for the purpose of further embedding integration across all areas of case planning work. This is another means through which the

requirement of listing the CANS actionable items as needs on the permanency plans is emphasized and reinforced with frontline staff.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs

DCS Strategic Plan Priorities:

Safety, Health, and Permanency
Learning Organization

DCS Strategic Goals:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.

Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.

DCS Objectives:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community
- 2.3:** Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families

Goals, Objectives, and Interventions Updates to the 2015 - 2019 CFSP

Child and Adolescent Needs and Strengths (CANS)

1. Provide DCS staff and Vanderbilt Center of Excellence (COE) staff with access to existing CANS reports.

Update: DCS and the Vanderbilt COE receive weekly CANS reports, monthly CANS Speed Reports, twice monthly CANS High Risk Reports, and monthly CANS Reassessment Reports, and have access to the CANS Base Data Extract. Though all reports contain CANS information, each report is designed to meet specific needs for the regional staff and DCS leadership. The weekly CANS report is a broad report of CANS information for every child in custody, listing CANS scores, completion dates, approval dates, and upcoming CANS reassessment due dates. The CANS Speed Reports list all CANS for children in custody and is broken down to show, by region and staff, the performance timeliness in completing the assessment. The CANS High Risk Reports are essential in tracking youth who have actionable scores on one or more of the identified high risk items, Danger to Others, Sexual Aggression, and Sexual Reactivity. This report is used by Assessment Integration Staff to communicate with each region's High Risk Review Team about which children are in need of

an initial review and safety plan and which children are in need of quarterly reviews, and which children are no longer considered high risk and no longer require review or safety planning. The CANS Base Data Extract is a comprehensive extract of all CANS for all children in custody during a fiscal year. It is from this extract that all other CANS reports can be generated. Assessment Integration staff in the Office of Child Welfare Reform and the COE Data Analyst prepare these reports by making them region specific, adding data charts and tables, and making them user friendly for regional staff, and send them weekly and monthly as appropriate to Department and regional leadership. The reports are also saved on the shared drive, which is accessible by all DCS staff and the COE.

2. Develop additional reports that provide timeliness information for all other (non-initial) CANS.

Update: Since late spring of 2017, reporting has been equally focused on timeliness of initial CANS and timeliness of Reassessment CANS. The Initial CANS Report is generated through the Department's SACWIS system. The Director of Assessment Integration and the COE Data Analyst work together to generate comprehensive the Monthly Reassessment CANS Report. Both reports are shared with regional leadership each month, and they are used by the COE Assessment Consultants to keep track of individual assessments that need to be submitted to them for review.

3. Assess staff across the state to better understand the barriers to timely assessments. Conduct regular case reviews to determine what barriers may have been present.

Update: Statewide, timeliness of initial CANS assessments continues to be monitored by Assessment Integration within the Office of Child Welfare Reform. As part of assessment integration and the effort to improve quality in initial CANS, the protocol timeframe for initial CANS changed from seven business days to 15 business days in November 2017. The Timeliness of initial CANS assessments continued to consistently fall within the performance protocol of seven business days for completion from July 1, 2017 to November 14, 2017. During that timeframe, the statewide average number of approval days for initial CANS is 4.73 days. From November 15, 2017 through January 31, 2018, under the new 15 business day protocol, the statewide average number of approval days for initial CANS is 8.84 days. Due to the rollout of CANS 2.0 in February 2018, the Base Data Extract from which the timeliness data is pulled has been under revision to match the new variables in CANS 2.0. Once the extract has been revised and is in production, the Department will have access to the timeliness data for the remainder of the fiscal year.

4. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and barriers identified.

Update: DCS, in partnership with the Vanderbilt COE, has implemented the Assessment Integration Enhancement Project in three select pilot regions. The project uses a learning collaborative approach which includes prep calls, face-to-face coaching sessions and follow-up coaching calls that occur over a period of approximately four months. The purpose of this project is to assist frontline case management supervisors in Safety, Social Services and Juvenile Justice to overcome, through small tests of change, the barriers to quality assessment and to use assessments as interventions to drive case practice. Before deciding to roll the project out statewide, leadership asked that a qualitative case file review be conducted to determine its effectiveness and plans for statewide

implementation. The review began after two regions completed the training sessions in order for there to be pre-project cases and post-project cases to include in the review. The qualitative case review began in April 2018. It revealed measureable improvement in the use of the CANS to collaborate with children and families and to drive case practice. As a result of these outcomes, DCS leadership approved statewide rollout of the Assessment Integration Enhancement Project. The rollout for the remaining nine regions will be done three regions at a time. It will begin in August 2018 and is projected to be completed by the spring of 2019.

5. Ensure current training adequately covers what makes a quality assessment.

Update: The Department and the Vanderbilt Center of Excellence continue to partner to assist field staff with the completion of quality assessment and to monitor that work. Within the course of the Assessment Integration Enhancement Project, participants are free to discuss barriers to quality completion and are given coaching feedback to assist in addressing those barriers. Participants use the coaching support to then coach their own staff toward quality assessment completion and integration into case planning. The CANS and Family Advocacy Support Tool (FAST) certification courses have been updated to align with Transformational Collaborative Outcomes Management (TCOM) which is the philosophy behind the Assessment Integration Enhancement Project. Though accurate scoring and timely completion of assessments is still a focus in the certification courses, this update has shifted the focus to be more concentrated on the importance of quality assessment in case practice. The Department and the COE have partnered to create a quality focused update to the CANS in TFACTS. The CANS 2.0 went live in February 2018. Every item scored 1, 2, or 3 requires written justification by the case manager for the scores. Information from each child's CANS now pre-populates in the child's subsequent CANS, reducing redundancy and helping to ensure children and families' historical information is preserved.

Ages 0 to 4 CANS Assessment

6. Continue collaborating on the Breakthrough Series Collaborative for Age 0 to 4 CANS with all stakeholders.

Update: The CANS 0-4 optional module is being built in the SACWIS system. It is projected to be ready for use by July 2018. The 0-4 module will initially be used in a limited area then rolled out to other counties and regions in the continued effort to assist staff with training needs and to become comfortable in assessing this new population. The COE has developed a comprehensive training curriculum that will assist staff with assessing this age group. The Director of Assessment Integration and the COE staff are working together to determine the training timeframes and schedule.

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs

DCS Strategic Plan Priority:

Safety, Health, and Permanency

DCS Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive

DCS Objective:

1.1: Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family

1.2: Ensure service array and access meets the needs and safety of children, youth and families

Goals, Objectives, and Interventions Updates to the 2015 - 2019 CFSP

1. An average of at least 140 student education files will be reviewed each month to ensure that appropriate education services are being provided in the schools. Results of the file reviews will be reported to regional Family Service Workers (FSWs) and Team Leaders each month.

Update: During the first three months of the 2017-18 fiscal year, the Education Division reviewed an average of 140 educational files each month. A checklist was completed for each file to indicate items that were missing. The most common missing items were current transcripts and special education information. The results of the file review are submitted to the Family Services Workers (FSWs) and the Team Leaders so that the missing items can be obtained and included in the files. The education specialists assisted staff as needed in obtaining records. As this process has continued, the Education Division realized that a more effective way to review whether a student is receiving appropriate educational services is to attend Foster Care Review Board Meetings. These meetings are a joint effort between DCS and the Administrative Office of the Courts meant to review the total case (including education) of children and youth in custody and take immediate steps to resolve any issues. So in addition to finding missing pieces in a case file, they are able to identify service issues with DCS, public schools, and provider in-house schools, and address them quickly. During the first nine months of this fiscal year, Education Specialists have participated in over 100 of these reviews and have been able to address special education, class scheduling, graduation, and credit recovery issues.

2. A minimum of 170 education trainings will be provided annually to DCS staff, public and private schools, and other stakeholders to assist them in becoming better advocates for students in state custody.

Update: During the first nine months of the 2017-18 fiscal year, 189 educational trainings have been provided for 1,980 foster parents, Family Service Workers, schools, and surrogate parents. These trainings teach participants how to work with public schools and provide basic knowledge of DCS educational policies, special education, and the role of the Educational Specialists.

3. The Education Division will attend an average of 170 student-centered education meetings per month to advocate for students.

Update: During the first nine months of the 2017-18 fiscal year, the Education Division attended an average of 468 student focused education meetings per month. These include Child and Family Team Meetings, Individualized Education Plan (IEP) meetings, 504 Plan (formal plans that schools develop to give children with disabilities the supports they need to learn alongside their peers) meetings, Foster Care Review Board meetings, and disciplinary meetings. Education Specialists attend meetings to advocate for students in custody to ensure that they are receiving appropriate educational services. Feedback indicates that the Educational Specialists' assistance is greatly valued by both DCS staff and the schools.

Legislation was passed this year requiring that students in detention centers receive educational services while in the detention facility. The Tennessee Department of Education has developed Rules and Regulations that specify that the Local Education Agency (LEA) where the detention center is located is to provide education services to students or to contract for education services to be provided. These Rules and Regulations address the gap in services that existed for general education students in detention centers. Students with disabilities were already being served by the LEA per the state's Individualized Disability Education Interagency Agreement.

4. A group of education staff will review each in-house school compliance document (or in-house school proposal) to ensure that all requirements of the Tennessee Department of Education and DCS Education standards are being met. Recognition letters from the DCS Education Division will be sent by July 1 annually.

Update: This is an ongoing process is completed in May and June of each year; therefore, this process has not yet begun for this fiscal year. The goal is that all schools are in compliance by July 1 each year. The most common compliance concerns last year were the length of the school day (6.5 hours to meet Department of Education regulations) and teacher licenses that were about to expire. DCS' Central Office staff worked with the few schools that did have possible compliance issues to assist in resolving them. 100% of the schools reviewed were in compliance and received DCS recognition letters by July 1, 2017.

5. The DCS Education Division will monitor each Youth Development Center (YDC) and Provider In-House School at least twice per year to ensure compliance efforts are continuing and that students are receiving appropriate education services. Written monitoring reports and corrective action plans (if needed) will be submitted to the Director of Education.

Update: In the first nine months of the 2017-2018 fiscal year, all schools were monitored twice by the Education Specialists to ensure they were in compliance with DCS standards and Department of Education (DOE) rules and regulations. Exit meetings were held and written monitoring reports were sent to the schools. When there were findings of noncompliance, the schools were given a deadline to complete a written corrective action plan and to implement that plan. If additional assistance or training was needed, it was provided by the Regional Educational Specialist. The most common non-compliant findings thus far have centered around missing or incorrect information within the special education files. At this time, 35 of the 37 schools are in compliance. For the two

schools not in compliance, the Education Division and the DCS Provider Quality Team are working together to develop a plan with the schools to ensure corrective action is taken. The DCS Education Division has also begun to hold regional trainings for all in-house schools in order to update them on DCS and Department of Education changes. This should further assist with schools being in compliance. The first trainings took place in November, and additional regional trainings are scheduled for June 2018.

Well-Being Outcome 3

Children receive appropriate services to meet their physical and mental health needs

DCS Strategic Plan Priority:

Safety, Health, and Permanency

DCS Strategic Goal:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive

DCS Objectives:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community

Goals, Objectives, and Interventions Updates to the 2015 - 2019 CFSP

1. Visit each provider identified and review their clinical programming, particularly Evidence Based Practices (EBPs) in use.

Update: The Provider Accountability Review Team (PAR) conducts a basic review of EBPs for contract providers. PAR gathers information on the following four questions:

- Does the agency have an Evidence Based Practice (EBP) protocol manual for each EBP therapeutic model listed on the DCS JJ document "EBP across the DCS contract Provider Network," or any other EBP programs that they state they use at the time of the PAR review?
- Have all staff who have responsibility for implementing EBP treatment services with youth received preservice training for each EBP model they use?
- Is there regular and documented evidence from the agency QA process that adherence to EBP protocols are fully implemented by treatment staff?
- Is there documented evidence from agency management or QA processes, when problems are found with implementation of EBP protocols, that corrective action was taken by the

agency toward needed improvement of these Evidence Based Practices (training, staff changes, increased supervision, etc.)?

The following providers of residential services were monitored by PAR at some point during the 2017-18 fiscal year for compliance with Evidence Based Practice contracting requirements: Camelot, Centerstone, ChildHelp USA, Chambliss Center, Florence Crittenton, Free Will Family Ministries, Frontier Health, Helen Ross McNabb, Holston Home, King's Daughters' School, Kingston Academy, Madison Oaks (under sub-contract), Memphis Recovery, Meritan, Monroe Harding, Norris Academy, Omni Visions, Parkridge-Valley, Partnership, Porter Leath, Smoky Mountain Children's Home, TrueCore Behavioral Solutions, UCHRA, Volunteer Youth Academy (under sub-contract), Wayne Half-Way House, Youth Villages.

2. Disseminate information about the providers' clinical programming and Evidence Based Practices used to DCS staff.

Update: PAR reports are distributed to Senior Leadership containing information on reviews regarding EBPs. There is now a section in the PAR guide that addresses documentation of the delivery of EBP services. These reports are also reviewed in the Provider Quality Team (PQT) during a designated meeting each month.

During regularly scheduled PQT meetings, PAR monitoring reports are presented to the multi-disciplinary group upon being published. If there are issues with adherence to Evidence Based Practice on the part of an individual agency, those issues would be discussed by the PQT group and the affected agency would be expected to complete a Corrective Action Plan (CAP) to address any deficiencies in this area.

3. Provide clinical technical assistance to providers around Evidence Based Practice implementation, as needed.

Update: To aid providers in the implementation of Evidence Based Programming, under the IV-E Waiver, the Office of Child Welfare Reform participates in monthly meetings with both Nurturing Parenting Program (NPP) provider and regional staff to ensure the evidence-based model is being implemented according to program specifications and fidelity requirements. The Department also conducted a training and fidelity review with NPP provider staff in all four current pilot regions in June 2018. During this training, provider agency staff were given information by an NPP Family Resource Center Agency Trainer on ensuring the NPP model is delivered to fidelity with each family in the program. The trainer also shadowed provider staff home visits and provided feedback on strengths and needed improvements to NPP program delivery.

The Department meets monthly with staff from model developers for both evidence-based programs implemented under the IV-E Waiver, KEEP (Keeping Foster and Kin Parents Supported and Trained) and Nurturing Parenting Program, to receive guidance on continued implementation and delivery of the programs at a level consistent with expectations.

Additionally, the Department now utilizes the Request for Qualifications (RFQ) process to assess a provider's ability to use and implement Evidence Based Programs. The Divisions of Network Development and Child Health work together to provide technical assistance on an ad hoc basis.

Systemic Factors

Systemic Factor 1: Statewide Information System

DCS Strategic Plan Priority:

Learning Organization

DCS Strategic Goal:

Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.

DCS Objectives:

2.1: Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes

2.2: Ensure integration of DCS data systems with other resources

Please refer to pages 28 – 34 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP

The DCS Management Advisory Council (or MAC) approves and prioritizes the key information technology activities based on the strategic goals and objectives of DCS. The MAC, which meets monthly, is chaired by the DCS Commissioner and includes the Deputy and Assistant Commissioners of the various business units. This business driven governance model ensures that technology resources are used most effectively. The Strategic Technology Solutions – DCS IT Support team (under the Tennessee Department of Finance and Administration) is responsible for executing the projects prioritized by the MAC. The project work completed in the prior period is significant and is summarized in the Completed/In-Progress Projects/Planned Projects section below.

Completed, In-Progress, and Planned Projects

Court Redesign –Phases 1 & 2

Phase 1 of the Court Re-Design project involved modifying TFACTS to allow a standardized way to show that Probation, Diversion, and Aftercare episodes have been ended (or closed). This included any additional information needed to record and track the appropriate reporting elements. Previously, there was no consistent and reliable method to indicate that these Juvenile Justice non-custodial episodes had ended, which resulted in numerous cases showing active when they were not, and thus requiring multiple data clean-up activities. Completed – October 2017

Phase 2 of the Court Re-Design project involved enabling information related to a youth's violation of the Rules of Probation or Aftercare and for Violation Reports to be documented in and printed from TFACTS. Per DCS Policy 13.6, violations of the rules of Probation or Aftercare committed by delinquent youth will be investigated and applicable corrective actions developed for minor violations or the appropriate violation petitions filed with the courts for major violations. For major violations, a Violation Report must be completed and be included as part of the youth's master file. This information, and the summary report, can now be completely managed in TFACTS. Completed – April 2018

Assessments – Phase 1

This multi-phase project will ultimately result in the automatic creation of strengths and needs based on Assessment scores. Strengths and needs (and their associated action steps) are building blocks of the Permanency Plan. Currently, strengths and needs must be manually created by the Department's family service workers. Automatic creation of strengths and needs will reduce the amount of data entry required and will also help to provide consistency in the documentation of these items. Phase 1 of this project consisted of the automation of the Child and Adolescent Needs and Strengths (CANS) 2.0 tool. The automation of CANS 2.0 involved adding/changing assessment questions, adjusting the scoring algorithm, and converting the CANS to the new assessment model in TFACTS. Completed – January 2018

IV-E Candidacy Project

The purpose of this project was to provide a means to more accurately and completely identify children/youth who meet the criteria for the IV-E Candidacy program. The Department of Children's Services (DCS) will review all non-custodial children/youth for eligibility to participate in the Title IV-E Candidacy Program who are at serious and imminent risk of removal from their home and DCS is either making reasonable efforts to prevent removal from their home by arranging services, or is petitioning the courts to seek removal from their home. To identify the IV-E Candidacy population, appropriate documentation must be present to justify the indication. Federal rules state that the evidence of IV-E Candidacy must exist on a permanency plan or a court order. TFACTS now automatically generates/creates a 'Need Record' to represent IV-E Candidacy. TFACTS also ensures the IV-E Candidacy need is included and/or addressed on a permanency plan when one is created. Completed - October 2017

CARA Project

The purpose of this project was to create the ability for DCS to track and report, as required under CARA (Comprehensive Addiction and Recovery Act), cases that DCS accepts, identifies, and provides services for the population meeting this criteria. CARA is a federal law that amends CAPTA (Child Abuse Prevention and Treatment Act) to refocus states on the issues of substance abuse, specifically expanding the federal definition to target pre-natal exposure of infants beyond illegal substances to include legal prescriptions and Fetal Alcohol Spectrum Disorder (also known as Fetal Alcohol Syndrome). Tracking this information will provide a better understanding of where Tennessee's prenatally exposed infants are being born, where they come from, and what services are applied. This, in turn, will allow DCS to understand the safety, well-being and permanency outcomes for the children and their families. At a macro level, funds and targeted partnerships can be applied. This forms the foundation of the information for meeting internal Tennessee needs as well as meeting the reporting requirements under the law. Completed - September 2017

School Maintenance

The TFACTS Person Education - School Maintenance project consisted of two main parts: Enhancing the search tool to include a person's school record and the creation of a maintenance table of all Tennessee schools, school systems, and school districts that can be maintained by the DCS Education Division. DCS is now able to keep the school information current without requiring a system enhancement request to do so. Completed - October 2017

High-Risk Youth Identification Project

DCS considers a child/youth as "High-Risk" if their current CANS (Child & Adolescent Needs and Strengths) assessment score is 2 or higher in one of the following domains: Sexual Aggression, Sexually Reactive, and/or Danger to Others. When a child/youth is determined to be High-Risk, there are special steps/activities/protocols that must be completed when identifying appropriate placement and services for that child. In the past, a spreadsheet has been used to monitor and track children/youth identified as High-Risk, but the Department recognized that that was not the most efficient/effective means to manage this population as it required staff to go outside TFACTS to find the information from another source, and the information in the spreadsheet was not timely.

TFACTS now displays a visual indicator for children/youth who have been identified as High-Risk so that all the critical information needed to effectively manage a child's placement/services is now in the system. Completed- October 2017

Disaster Recovery / Business Continuity

Since the completion of this project, DCS now has the ability to rapidly recover from an event that could interrupt or disable TFACTS production. DCS can continue normal operation without loss of previously saved data in a short time. Completed – December 2017

iPhone Project

Smartphones enable Internet access which allows workers to access TFACTS from the device as well as provide access to specialized applications (cameras, maps, weather, traffic, etc.). Smartphones also enable more efficient communication options than the flip phones previously used by case managers. This project supports the State's Alternative Work Site (AWS) initiative. Equipped with a tablet and a smartphone, the employee can work anywhere they can access an Internet connection.

Completed – September 2017

Permanency Plan Enhancements – Phase 2 – Project in Process

Phase 2 of this project focuses solely on the creation of the Permanency Plan document. Each program area has its own requirements for what information is needed on a permanency plan. At the completion of this phase, staff will be able to generate and print a permanency plan populated with information already entered in TFACTS and will only need to include the information needed for their specific program area. In Progress – Projected Implementation June 2018

Permanency Plan Enhancements –Phases 3 – 4

The remaining phases of this project (3-4) involve the integration of assessment tools and an integrated Contacts Module. Assessment integration will focus on the automatic generation of Need Records based upon information collected in the assessments and their resultant scores. These Need Records will be addressed in the case planning process. The integrated Contacts Module will be used to derive contact information from across TFACTS for case management and reporting purposes. Instead of requiring workers to document information in one part of the system (like a court hearing, for example) and then go to another part of the system (case recordings) to document additional details, the intent for the Contacts Module is to eliminate all the unnecessary navigation between modules. The MAC has not yet determined which of these two remaining Permanency Plan project phases will go first. Planned start date for Phase 3 is July 2018

Assessments – Phase 2

Phase 2 will include an interface with the Family Match tool. Child characteristics from the most current/approved CANS assessment (and possibly the FAST) in TFACTS will be sent, via interface, to Family Match. Foster Parent data, including preferences and 'approved for' information will also be sent via interface to Family Match. This data will be run through the Family Match algorithm and sends back information matching the child to the best possible placement.

Included in this project will be the development and implementation of a Resource Family web portal through which foster parents will be able to access a controlled area of TFACTS in order to complete a Foster/Adoptive Parent questionnaire, establish and update their profile, have access to information about the children/youth placed in their home, etc. Completion of the questionnaire online will establish the family profile and that information will be sent via interface to Family Match. In Process – Projected Implementation is September 2018

TFACTS Financial Enhancements – multiple phases

The TFACTS Financial Enhancement project is an 11 phase project designed to ameliorate deficiencies identified in a recent audit as well as to automate server fiscal business processes. This project will implement TFACTS modifications needed to support payment adjustments and additional funding requirements within TFACTS. Additionally, this project will create the ability for adjustments to interface to the state's accounting system. The project will include modifications to support the Department's approved IV-E waiver project. The first five phases of this project address the audit findings and include the development of, or enhancements to, the following modules:

- Client Benefits
- IV-E Waiver and Funding Case Services
- Placements
- Subsidies
- Medical Claims
- Child Support
- Financial Interfaces

Projected implementation date for these phases is August 2018

The remaining six phases of the Financial Enhancement effort will provide support to DCS financial processes and will automate fiscal business processes that have not been previously automated. These include:

- Regional Authorities and Authority Numbers
- Providers
- Cost Allocation
- Budgets
- Contracts
- Student Trust Accounting

Projected implementation for the remaining phases is November 2019

Electronic Content Management (ECM)

DCS has invested in a document management solution that enables the creation and automation of hundreds of standard forms used daily in child welfare case management. The implementation will create opportunities for case managers and other DCS employees to quickly utilize e-signature forms that are legally binding and that can be transmitted securely over the internet. This tool allows for the conversion of any PDF into a fillable, mobile-friendly document that can be completed

from any mobile device and e-signed if needed. Information will be synchronized with TFACTS in real time. The document management solution selected by DCS will reduce, if not eliminate, any type of data entry and manual processing by pulling the data from TFACTS and auto-populating the forms. The solution will also provide a means to update TFACTS with information collected on the completed form. The ECM project will integrate with the Document Storage Project. Projected Completion date – July 2019

Document Storage Project

The Electronic Content Management (ECM) project will integrate with BOX, a new online document sharing and storage application. BOX will replace FileNet as the agency's document storage tool. This will resolve the issue that staff and providers who are not on the state network are unable to view documents that have been uploaded and attached to a person or case in TFACTS. This project will also provide the foundation for the creation of a means to catalog/organize documents currently being scanned and attached to TFACTS.

Currently there are 15 places in TFACTS where a document can be uploaded. There is no one place to view all documents that have been scanned in for a person/case. This has made it difficult for workers and support staff to find documents as there is no consistent process related to which of the 15 different places is used to upload the document. Part of the implementation of the new tool will be to set up the document categories based on File Organization policies/protocols. This will help ensure that documents are stored in the "right place." The new content management tool will serve as the storage container of all the documentation that the agency wishes to digitize, such as adoption records. This project is required (along with Canon Imaging scanners - see Phase 2 below) to support the Electronic Filing component of the Electronic Content Management project.

Phase 2 of this project would enable DCS' Canon Multi-Function Printer to have the ability to directly scan and upload documents into the Box Digital Storage. When documents are prepared for scanning, the user will be required to add a coversheet to the document(s) so that once it passes through the scanner, the interface with the new content management tool will intelligently route the file to the proper folder using the metadata on the coversheet. Phase 1 of this project is currently underway and on track for completion in May 2018. Phase 2 of this project has a planned start in September 2018 and a completion in January 2019.

CPS Workflow

The CPS Workflow Enhancement represents a major redesign of the Child Protective Services Intake and Investigation modules. Office of Child Safety (OCS) policies, practices and procedures have changed significantly since initial TFACTS implementation in 2010. As business continues to change and with the introduction of new development and mobile technologies, the general consensus between Strategic Technology Solutions (STS) – DCS IT Support team and OCS was to cease smaller function-based enhancements and address the intake/investigation workflow as a whole. This will result in an integrated and efficient investigative module that will not only be aligned with agency policies but will fully support the field work.

This project was originally targeted to begin in July 2017; however, OCS requested a postponement of that project pending creation/finalization of a Structured Decision- Making tool. IT Resources planned for the CPS project were reallocated to the Permanency Plan project. Once that project

concludes, resources will be available to begin CPS Workflow. Planned – Begins July 2018 with a projected completion March 2019

Health / Well Being Enhancement – Phases 2 & 3

This project will implement several pieces of functionality needed to support DCS's Health Staff. Phase 2 involves the creation of a new Health Service Confirmation page that will allow the entry of medical exam information and any resulting Needs and Action Steps for the child. EPSDT Medical Assessments will be entered via the External Assessment page built in Phase 1 of the Permanency Plan enhancement. With this enhancement, secured users will have the ability to enter the seven EPSDT components, add any Needs and Action steps resulting from the EPSDT exam, and add notes from physicians. A new Service Action step built, but not currently used in Perm Plan Phase One, will integrate the fiscal or financial component of TFACTS with the provision of services to children and families. In Process – Projected Implementation – July 2018

The scope of Phase 3 is to modify the workflow/capacity for capturing and tracking health service and medication information. This will include a streamlined medication history function, integrated care coordination notes, and informed consent for medication notifications and approvals. Phase 3 will begin after the implementation of Phase 2 at a date determined by the MAC.

Private Provider Interface

Private Providers are currently required to enter data directly into TFACTS. Several provider agencies have their own information systems they use to capture and track similar data. This results in duplicative work for provider agency staff. In fact, some provider agencies retain staff whose sole responsibility is entering data into TFACTS. The intent of this project is to eliminate the need for the duplication of data entry by the private provider by creating an interface that will enable information to be collected from the provider agency system(s) and then populated into TFACTS. Phase 1 of this project will address monthly summaries and case recordings, which account for 80% of entry into TFACTS by private providers. In-Process – Projected completion of Interfaces with first two private provider agencies is September 2018

TFACTS Readable Summary

One of the requests heard most frequently from customers is to have one place to be able to go into TFACTS and read what is going on with a child/family. The TFACTS Readable Summary enhancement will represent that "one place." From the Electronic Case File on the Person Home Page, staff will be able to search for specific Event Types (CFTMs, Collateral Contacts, Consultations, etc.) and then click the View Full Narrative link on the search results to see the complete narrative information for the events. They will not have to click each event to view the information. Many events also have a printable report summary. Staff will be able to select one or more event types, search for all or for specific date ranges, and then print out a report summary of all the selected event types in the specified date range. This will be particularly useful for Legal, Adoption and other staff who are preparing case records to provide to courts. In Process – Projected Implementation – July 2018

Staff Notifications Project

The project implements an interface with a new application (Everbridge) to automate critical notifications such as those for on-call staff who investigate child abuse referrals. Everbridge offers a communication platform that will not only provide automation of critical notifications, but will also enable a comprehensive and efficient means of communicating other important information to staff

and business partners. The new application is intended to replace the current MIR3 application used only by the Child Abuse Hotline. The new application will not only replace the current MIR3 software but it will allow for single, multiple, or statewide DCS staff notification and alerts in times of emergency (active shooter, office closures due to environmental hazard, weather related incidents, etc.) or in general notifications as determined by management to be beneficial for DCS staff.. Strategic Technology Solutions, the Information Technology arm of the Tennessee Department of Finance and Administration, is managing the procurement and implementation of this project. DCS will be the first (pilot) agency used for implementation. In Process – Projected implementation - July 2018

DCS Scorecard

DCS identified twelve key performance measures. A DCS Scorecard was created to ensure that these measures are readily available and that the data can be analyzed at the state, regional, supervisory, and case worker levels. Measures are part of the annual employee performance evaluation process. The DCS Scorecard provides summary level information for a twelve month rolling measurement period at the Commissioner and Regional Administrator levels with accompanying detail that provides information at the direct supervisor, worker, and child/case levels. The scorecard tracks: (1) Percent of CPS Investigations Open Over 60 Days; (2) Percent of CPS Assessments Open Over 90 Days; (3) Percent of Social Services Youth with two or more Face-to-Face Contacts; (4) Percent of Juvenile Justice Custodial Youth with 1 or More Face-to-Face Contact; (5) Percent of Youth with Two or More Parent/Child Visits; (6) Percent of the Custody Caseload in Care less than 24 Months; (7) Percent of Children Achieving Reunification with their Family in 12 Months or Less; (8) Percent of Children with a current EPSDT; (9) Percent of Children with a Current Dental Exam. These are reported at the state, regional, supervisor and worker levels.

The applicable measures above are also provided to private providers on the same twelve month rolling measurement period. There are three additional performance measures tracked for the Child Abuse Hotline. These are also summarized over a twelve month rolling measurement period. These measures include: (1) Percent of Dropped Calls; (2) Average time to Answer; (3) Percent of Calls Answered within a Specified Service Level.

Work has resumed on the 'My Work' feature of TFACTS, which updates worker items from the scorecard within the application, removing pending tasks once the work item have been completed and properly entered into TFACTS. When complete, this feature provides a single source of information for the caseworker for standard casework tasks that require their attention. TFACTS will allow the worker to easily navigate from their list of tasks in need of completion to complete the data entry of those work items.

Tablet Replacement Project

This project involves the replacement Dell Venue 11 tablet computers with Dell Latitude 5289 tablet computers. In 2015, DCS mobilized its workforce by deploying nearly 3,000 Dell Venue 11 tablets to caseload-carrying staff so that they could spend more time with children and families and less time tied to a desktop computer in an office. Approximately one year after deployment of the Venue 11's, the devices began to have issues and fail at an alarming rate. Most concerning were the instances of swollen batteries to the point where the cover would not stay on the device, creating a potentially hazardous situation for the user and anyone close by. Negotiations with Dell led to an agreement for Dell to replace more than 2,560 Venue tablets with a more reliable and durable model. Strategic

Technology Solutions and Dell have joined in a project to replace the defective equipment with more stable and powerful Latitude 5289 computers. In Process – Projected Completion – November 2018.

Project Timeline: The following timeline summarizes the project schedule for the coming year, showing target delivery dates by quarter

Scheduled Projects	2018				2019	
	Jan - Mar	Apr - June	Jul - Sept	Oct - Dec	Jan - Mar	Apr - June
Permanency Plan-Phase 2						
Permanency Plan - Phase 3						
Assessments – Phase 2						
Financial Enhancements						
Electronic Content Management						
Document Storage Upgrade						
CPS Workflow						
Health/Well Being						
Private Provider Interface						
TFACTS Readable Summary						
Staff Notifications						

AFCARS (Adoption and Foster Care Analysis and Reporting System)

DCS continues to submit AFCARS Data by the twice yearly due dates prescribed by the Children's Bureau (CB). The last AFCARS review took place in April 2013. Since that time, in partnership with the CB, DCS established and implemented an AFCARS Improvement Plan (AIP) to remediate findings from the review. Updates to the AIP are submitted to CB twice yearly on dates established/requested by the CB. The CB conducts conference calls with DCS after receiving update submissions in order to review changes made to the application and/or extraction code and clarify any programmatic information that may impact the interpretation of the AFCARS data. The next AIP update is scheduled for June 2018 when DCS and CB will officially close out remediated findings and update the AIP with new dates/action steps for remediating the remainder. Based on the work already done to remediate the review findings, the CB has requested the resubmission of all AFCARS data, going back to 2010, using the updated extraction code. Resubmission of data files begun in April 2018 and will continue until all files have been successfully resubmitted. The AFCARS 2.0 final rule has been issued, but additional guidance from the CB is required before DCS can move to address the new data requirements being introduced. DCS hopes to obtain this guidance through its continued partnership and collaboration with the AIP.

NYTD (National Youth in Transition Database)

The NYTD Report is submitted twice a year for the reporting periods from October through March and April through September. The report is due 45 days after the reporting period concludes. The last submission was November 2017. As required, the Age 17 baseline population was submitted for federal review. The Department of Health and Human Services (DHHS) determined that the submission was compliant and no penalty will be incurred.

NCANDS (National Child Abuse and Neglect Data System)

The NCANDS Report is submitted annually for the submission period of October 1 through September 30. The report is due three months from the closing date of the reporting period. DCS completed the FFY 2017 submission on January 24, 2018 and DHHS is currently reviewing the submission. All remaining data quality and extraction logic changes from FFY2016 have been included in the FFY2017 submission.

Since DHHS continues to expand the requirements for reporting data, updates may be needed in the next (FFY 2018) NCANDS submission.

Systemic Factor 2: Case Review System**DCS Strategic Plan Priorities:**

Safety, Health, and Permanency
Learning Organization

DCS Strategic Goals:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.

Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.

DCS Objectives:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community
- 2.1:** Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes
- 2.2:** Ensure integration of DCS data systems with other resources
- 2.3:** Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families

Please refer to pages 34 – 45 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP**Court Improvement Program**

DCS works with the Court Improvement Program (CIP) of the Administrative Office of the Courts (AOC) on a number of initiatives:

Model Foster Care Review Boards

DCS and the CIP collaborate to improve the reviews of youth in foster care through the use of Model Foster Care Review Boards. There are 17 counties with Model Foster Care Review Boards in Tennessee. In 2017, the CIP implemented a project with a two-fold purpose: improve the quality of proceedings in Foster Care Review Board hearings and improve the well-being domain of transition planning for youth aged seventeen. The project focuses on incorporating the use of motivational interviewing skillsets into the conduct of the review and the forms utilized by the board. New Foster Care Review Board summary forms were developed specifically for 17 year olds and the 14 to 16-year-old independent living population. The form for youth aged 17 addresses each of the well-being domains applicable to transition planning: education, housing, employment, health, and social connections/supports. Another form was developed for the 14 to 16-year-old population which antedates the form for 17 year olds by asking youth to identify future goals while also identifying talents and weaknesses that may assist and deter attainment of those goals. A third form was developed for the 14 to 21-year-old population which identifies the services and funding available to this population. Court staff and foster care review board members in the following juvenile courts have been trained on the new the forms and are receiving training/technical assistance on motivational interviewing: Coffee, Davidson, Dyer, Haywood, Maury, Sumner, Tipton, and Williamson. Additionally, training was provided to DCS staff in these counties regarding the usage and intent of the new forms.

Peer Advocates

Peer advocates provide services to youth at the Model Foster Care Review Boards and Extension of Foster Care (EFC) Review Boards. Peer advocates are trained and supervised by Court Improvement Project staff. Services include but are not limited to: modeling and encouragement to the foster youth to make his/her preferences and concerns known to the board; explanation of independent living services available; information regarding post-secondary education options; discussion of the benefits of accepting extension of foster care services; and advocacy during the board review. To support the Model Foster Care Review Board project, peer advocates have received training in motivational interviewing, on the new forms, and on education pathways for youth aging out of foster care. A five-year contract between DCS and the Administrative Office of the Courts which provides for peer advocate compensation and quarterly training for the advocates which was set to expire in June 2017 was renewed by DCS. The funding has been increased to \$75,500 per year through 2022. There are currently five peer advocates serving nine counties. CIP reported to the CB in the 2018 State Assessment that CIP is developing a survey to provide to youth. The survey is in development and is expected to begin in December 2018.

Joint Project

In 2017, the Court Improvement Project (CIP) and DCS initiated a joint project to improve the quality and effectiveness of the Extension of Foster Care (EFC) board hearings through increased engagement of young adults; lengthier hearings with in-depth discussion around well-being domains; and empowerment of young adults to obtain permanency. The goal is to increase timely high school graduation rates, matriculation, retention rates, and attainment of post-secondary certificates or degrees among the 14 to 21 year old population. The joint project includes the high school population with the premise that in order to increase the number of young adults in EFC

who obtain post-secondary degrees or certificates, youth must graduate from high school in a timely manner. This will allow the three years of EFC eligibility to focus on post-secondary success rather than completion of secondary education. Davidson County Juvenile Court restructured its foster care review boards to support the joint project. The court now has two boards which solely review the EFC (ages 18 to 21) population and have a representative from the Tennessee Board of Regents and other higher education agencies who serve as the education specialist board member. Davidson County Juvenile Court also created three boards that only review the cases of youth aged 17, and these boards have been trained specifically on transition planning. There are four remaining boards which focus on the remaining high school population, and have a board member with expertise in education, specifically graduation requirements and special education services.

In March of this year, the AOC brought together the Davidson County Juvenile Court, DCS Central Office and Davidson County regional staff, and Metro Nashville Public Schools (MNPS) to begin drafting the framework for the project. The project goes live July 1, 2018 and will encompass foster youth under the jurisdiction of Davidson County Juvenile Court who are enrolled in MNPS completing secondary education. Cross-systems trainings are scheduled beginning in July to educate each stakeholder on the purpose and procedures of the joint project. The DCS Davidson region will not receive additional staff training until September 13th 2018 to understand the project, purpose and processes. DCS has had several leadership meetings with staff and have made adjustments to improve the process as needed. While much of what is asked is policy and best practice, it is a new approach for frontline staff. More communication between DCS and the MNPS will need to occur to ensure success for our youth. DCS leadership is scheduled to meet on September 10, 2018, to discuss an internal process that would eliminate the identified barriers and strengthening the collaboration with MNPS.

The framework for the project is as follows:

Identification of the Population

- On July 1, 2018, DCS will provide a list of students encompassed within the pilot to MNPS and the AOC. This list is to include rising freshmen who were enrolled in MNPS as eighth graders at the end of the 2017-2018 school year and are starting high school in MNPS in August 2018.
- Beginning July 2, 2018, notification of new entries into foster care within the pilot population will be sent via email within 24 to 48 hours with the following information (if applicable): student name; Tennessee Family And Child Tracking System (TFACTS) ID, date of birth; grade level; date of custody; anticipated date of discharge from residential facility, detention, or Youth Development Center (YDC); Family Service Worker (FSW) and supervisor names and emails; school of origin; school of zone; dates of in-house school attendance; and any specific concerns. Documentation to be attached to the email includes the education passport and a referral sheet. A notification email will also be sent when a student in foster care changes physical placements and is projected to attend a MNPS school.
- The Administrative Office of the Courts (AOC) will create a referral form to align with MNPS' form. The form's purpose is to assist the school with planning implementation of services for the student and identifying personnel who may need to attend the wrap-around

meeting. The form will address the following when applicable: academic concerns (including credits, academy tracks and graduation requirements); the presence of a 504 Plan (formal plans that schools develop to give children with disabilities the supports they need to learn alongside their peers) or Individualized Education Plans (IEP); Behavior Intervention Plans; safety plans; truancy; no-contact orders; extracurricular activities; estimated length of stay in foster care; parent/custodian contact information; guardianship status; and recommended services offered through MNPS.

Components of the Project

Wrap-Around Meetings: The purpose of the Wrap-Around meeting is to have all stakeholders at the table to identify and address immediate and long-term needs of the student that may be a barrier to the student's educational progress and to wrap services around the student. These meetings will begin the first day of school. The meetings are to be held within five days from the date of the notification email from DCS of a new custodial entry within the pilot population. The meeting will be held at the school of zone for students who are not enrolled in MNPS or were homeschooled. The meeting will be held at the school of origin for students already enrolled in MNPS. The meeting will be facilitated by MNPS staff.

Transportation: If a best interest determination is made that the student should stay at the school of origin and transportation will be needed, then the DCS Education Specialist or the DCS FSW will complete the online-form for transportation at the meeting. DCS will provide transportation for ten days while MNPS completes transportation arrangements. MNPS staff will send an email at the conclusion of the meeting to the Federal Programs department informing of the decision and that the online form has been completed.

Special Education or 504: For a student with an IEP or 504 Plan, a representative from the corresponding department will be present at the Wrap-Around meeting. If it is determined that an IEP or 504 meeting is needed, an additional meeting will be scheduled at the Wrap-Around meeting allowing for proper notice to parents and supporting the inclusion of the FSW.

Step-Up and Step-Down to/from In-House School and Detention Facilities. The goal is to minimize the negative impact to the student's educational progress in this transition.

- When a student within the pilot population is returning to MNPS from an in-house school at a residential facility, YDC, or detention center, DCS shall notify MNPS via email containing the same information listed above in Identification of the Population subsection, but shall also include the student's anticipated physical address and anticipated step-down date which will inform the scheduling of the Wrap-Around meeting. The initial email should coincide with the notice of the discharge staffing or CFTM for a trial-home visit. The Wrap-Around meeting for students who are 17 years old and do not have sufficient credits to graduate on time or within a reasonable amount of time based upon the student's risk factors should include a discussion regarding options to complete secondary education, including HiSet, Edgenuity, Job Corp, and other options and available supports.
- When a student within the pilot population is stepping up to a residential facility with an in-house school, MNPS staff will send the educational passport and supplemental

documentation to the in-house school within seven school days of the student's withdrawal from MNPS or notification from DCS of the withdrawal. The goal is to maintain continuity of classes and support positive educational progress. Davidson County DCS staff will notify MNPS via email within 24 to 48 hours of student's formal withdrawal from MNPS. The FSW will officially withdraw all students from MNPS when there is a change of educational placement outside of MNPS.

Evaluation of the Pilot. The project will be evaluated to determine if the desired outcome has been achieved and if behavior was changed. Data will be utilized to evaluate educational outcomes of youth, such as increased high school graduation rates, increased number of youth enrolled in post-graduate education, and increased number of youth utilizing time in EFC to attain post-graduate education. Focus groups will be conducted. An observation tool that will evaluate if Foster Care Review Board members are using motivational interviewing techniques learned in current trainings is being considered. There will be a review of Foster Care Review Board forms to assess whether there is a decrease in direct referrals and administrative hearings for educational reasons, and also tracking completion of recommendations and suggested services.

Systemic Factor 3: Quality Assurance Systems

TN DCS Strategic Priority:

Learning Organization

TN DCS Strategic Goal:

Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement

TN DCS Objective:

2.1: Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes

2.3: Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families

Please refer to pages 46 – 56 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP

Quality Assurance

The Office of Continuous Quality Improvement focuses on assessing child welfare practices, outcomes and compliance by using data and analysis to guide and change policies and practices – improving overall practices for casework staff and outcomes for families. To do this DCS uses internal and external reviews (including the Child and Family Service Review) and audits and works with internal and external entities that accredit public child welfare agencies to check its own work. The following divisions work under the umbrella of the Office of Continuous Quality Improvement to maintain best practices and identify areas for improvement: Performance and Quality

Improvement, Accreditation, Program Evaluation, Provider Quality and Resource Home Quality, Program Accountability Review, Child Welfare Licensing, Internal Audit, Risk Management, Policy, Due Process, and Safety Systems Analysis.

Child and Family Service Review (CFSR)/Program Evaluation

Tennessee chose to do a self-review during Round Three of CFSR.

All twelve regions completed a CFSR review. DCS utilized technical assistance from the Children's Bureau throughout the review season to ensure the process was successful. The number and case type for each of those cases was determined by the MASC Committee of the Children's Bureau. All CFSR cases were reviewed using the federal Onsite Review Instrument (OSRI) incorporated in a process outlined in Tennessee's CFSR Manual. Tennessee reviewed a total of 75 CFSR cases during the 2017 season.

Case Type reviewed include:

- Custodial Cases: 40 cases across the state. Five of the cases were Delinquent. Weighted by custody population in that region.
- Non-custodial Cases and Alternate Response Cases: 35 cases across the state. Weighted by type and population in that region. (28 FSS; 4 CPS-A; 2 CPS-I; 1 Probation)

2016-2017 Regional Review Schedule

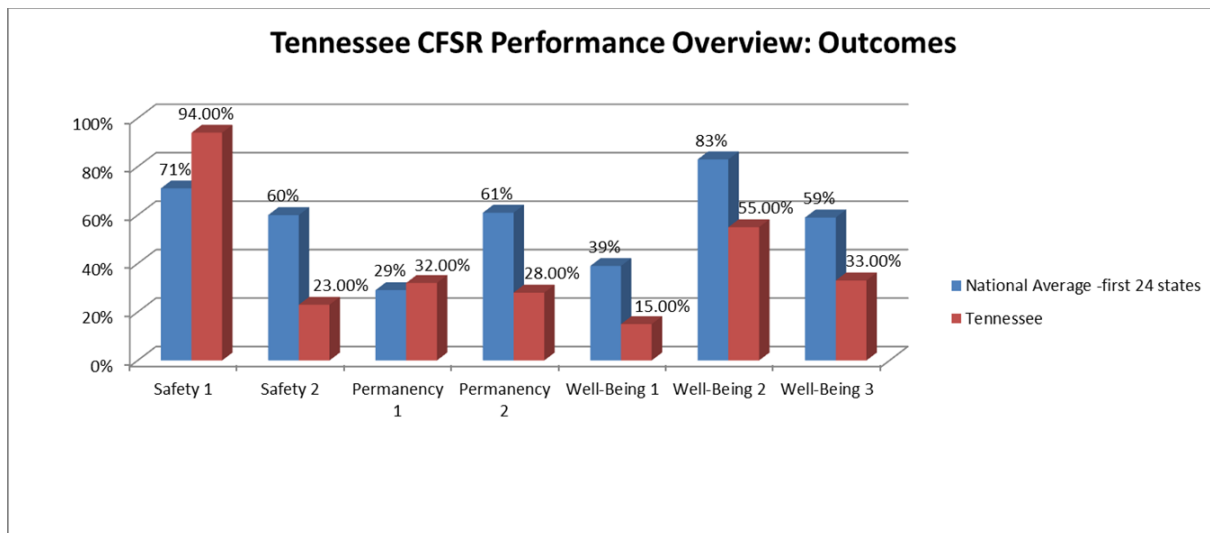
Date	Region
April 3 - 6, 2017	Smoky Mountain
April 24 - 27, 2017	Davidson County
May 8 - 12, 2017	Upper Cumberland
May 22 - 25, 2017	South Central
June 5 - 8, 2017	Mid-Cumberland
June 26 - 29, 2017	Southwest
July 10 - 13, 2017	Tennessee Valley
July 24 - 28, 2017	Northeast
August 14 - 17, 2017	Shelby County
August 28 - 31, 2017	Knox County Region
September 11 - 14, 2017	Northwest Region
September 25 - 28, 2017	East Tennessee

At the end of each review the Director of Program Evaluation shared overall results with regional leadership and senior leadership allowing for open discussion about small improvements that can be made to begin movement for larger improvements that will take more time to develop. Tennessee increased the number of cases reviewed to 144 during the 2018 season. DCS once again

worked with the MASC committee to determine the appropriate number of cases for review and type of cases per region. Results from the 2018 CFSR season will be used to set the baseline for Tennessee's Measurement Plan. Case type will include 76 foster care cases and 68 In-home cases.

Tennessee made improvements to the CFSR process during the 2018 season based on lessons learned through conversations with leadership and feedback received from surveys conducted by the Program Evaluation team. Improvements include adjustments to the reviewer training that specifically address areas of needed improvement based on Secondary Oversight and changes to the regional report-out format. Each region now participates in a Friday Debrief session at the end of their review week. The Debrief session occurs for two hours from 8:30 am until 10:30 am local time. The Debrief is attended in person by internal and external stakeholders (DCS staff of all levels from that region; providers; community partners, CASA, etc.). DCS Executive Leadership attends the first module of the Debrief session via poly-com. The first module of the Debrief lasts for 45 minutes and includes an overview of the region's performance across all 18 Items. The second module lasts for an hour and 15 minutes. During module two, in-person attendees are broken into three groups. Each group is facilitated by a Program Evaluation team member and participants discuss quality visitation, quality assessments, and the need for service array enhancement. Participants are encouraged to think "out of the box" and discuss ideas that could improve overall performance and encourage stakeholders partnering together to achieve better outcomes.

2017 Results



Tennessee demonstrates strong performance in Safety Outcome 1 (timeliness of investigations) and exceeds the current national average. This was the only Outcome that was found to be within substantial conformity. While DCS shows positive performance in many other quantitative measures such as frequency of visitation and time to permanency, the quality of the work was found to be an area of needed improvement. This highlighted the need for increased focus on quality reviews.

The majority of practice improvements that will be included in Tennessee's CFSR Performance Improvement Plan (PIP) will focus on improving the quality of assessments (including safety),

improving the quality of caseworker visitation with children and parents, and improving the quality and availability of services to children and families.

On February 15, 2018 the Children's Bureau presented findings from the 2017 reviews to over 100 in-person participants and an additional 100 participants via Web-Ex including DCS employees, community partners and contract providers, representatives from the judicial system, extension of foster care youth and foster parents. This presentation began Tennessee's process to develop the PIP. Prior to this presentation, attendees were assigned to one of six work groups that met after the data presentation. These groups then met on a weekly basis through the first week of April 2018 to analyze data and determine potential barriers and root causes for poor performance. The information from these work groups, as well as feedback received from focus groups that were requested by the work groups, was then reviewed by a smaller CFSR PIP Planning Team in order to identify three primary goals for improvement that were included in the PIP.

The CFSR PIP Planning Team and the Executive Leadership Team at DCS continues to meet frequently to brainstorm ideas based on data and results from the work groups, focus groups, information from the 2018 Debrief groups, and guidance from the Children's Bureau. The Children's Bureau will be working on site with Tennessee on CFSR PIP development in August 2018.

DCS recruited and trained nine CFSR reviewers, most of them employees of the Office of Continuous Quality Improvement and one reviewer who is an employee of the Tennessee Administrative Offices of the Courts to review in 2017. DCS had four CFSR Quality Assurance Reviewers, all of whom are employees of the Office of Continuous Quality Improvement during 2017. DCS trained six additional DCS employees to develop into CFSR reviewers, most of who are employees of one of the twelve service regions during the 2017 season.

During October 2017 the Program Evaluation Team began to recruit new CFSR reviewers, as CFSR will now be the primary qualitative case review tool for Tennessee, replacing the Quality Service Review. An additional 44 new Reviewers were recruited and began training. These reviewers are all DCS employees from across the state's 12 service regions, as well as from Central Office. Several of these newly trained reviewers have begun reviewing cases during the 2018 season. Also, a few of the more experienced reviewers from 2017 are being trained to conduct QA during the 2018 season. All existing and developing reviewers and QA reviewers completed a training program described in the Tennessee CFSR Manual. The Program Evaluation Team has a Recruitment & Training team dedicated to continuous recruitment of developing CFSR reviewers and community partners to shadow the process to build capacity to support increasing cases in future reviews. In addition, this team is responsible for ensuring all continuing training requirements of reviewers are provided across the state.

The Program Evaluation Team currently hosts the Inter-Agency Quality Assurance/Quality Improvement Web-Ex (QA/QI Meeting) each month. Participants in the QA/QI Meeting include provider staff who are responsible for quality functions at their agencies; DCS CQI Coordinators; and DCS staff responsible for monitoring providers. These meetings focus on CFSR Items and partnerships between providers and DCS to ensure quality service delivery for children and families.

The Program Evaluation Team also presents annually at the Grand Regional Provider Meetings to update providers on the CFSR and other work, such as the new Monthly Provider Summary review.

The Program Evaluation Team is partnering with other Office of Continuous Quality Improvement teams to conduct a quarterly Provider Monthly Summary Review. The lowest six performing providers based on the quarterly Provider Scorecard will each have a percentage of cases randomly sampled and reviewed to determine if the summaries are in compliance with CFSR standards.

The Case Process Reviews that are conducted quarterly in each region by the CQI Coordinators and regional leadership were updated during 2018 to ensure they match CFSR standards. The CQI Coordinators conducting the Case Process Reviews and Monthly Provider Summary reviews are going through a specialized training developed by the CFSR Training Team to ensure they have a greater understanding of expectations.

The Program Evaluation Team continues to do ongoing outreach to external stakeholders to provide information and education on the Child and Family Service Review. Many of these stakeholders will also be involved in development of the new Child and Family Service Plan. Development of the new plan will begin in August 2018. Ongoing outreach includes providing training to provider staff across the state; including CFSR Item information in the Monthly CFSR Newsletter *"The Concerted Effort"* that is distributed to the Directors of custodial and non-custodial providers; and the team will be making a CFSR presentation to the 2018 Tennessee Juvenile Court Judges Conference in August 2018.

Case Process Reviews (CPRs)

Case Process Reviews (CPRs) are conducted quarterly statewide on a five percent (5%) sample of cases in each program area open during the period under review. Foster care (including kinship and pre-adoptive) cases, non-custodial, Juvenile Justice, Youth Development Centers, Resource Home, Adoption Assistance and Subsidized Permanent Guardianship cases must be open for 45 days, while CPS Assessments and Special Investigation Cases must be opened 30 days during the period under review to be included in the sample. These reviews are conducted to provide the various program areas with performance measures in regard to case records and worker documentation. Central Office Performance and Quality Improvement (PQI) staff will host bi quarterly CPR data meetings to monitor CPR results which will consist of reasons for Quality Improvement Plans (QIPs), action steps for improvement, and progress on existing QIPs. CPR QIPs are produced and monitored quarterly.

Although interviews are not conducted for CPRs, these reviews are conducted to look for evidence of best practices and quality documentation in the case record. During 2018, revisions were made to the tools in order to enhance functionality and effectiveness. All tools, excluding Adoption Assistance and Subsidized Permanent Guardianship, directly address Child and Family Service Review (CFSR) Items that pertain to that program area. The goal is to better understand and implement best practice in the context of CFSR measures. In addition, Inter Rater Reliability Reviews are conducted on all tools to ensure these reviews are conducted consistently. The PQI Division partners with program leadership to continuously make improvements to Case Process Review (CPR) tools to ensure information gleaned from the reviews are useful in improving casework, supportive of Council on Accreditation (COA) standards, and increase in alignment with CFSR. Please see the CPR intranet link below for examples of the most current tools.

<https://www.teamtn.gov/dcs/divisions/quality-improvement/pqi/review.html>

The PQI Division is in the process of implementing a review that analyzes what happens in Foster Care/Kinship/Adoption cases in the first 45 days of custody. This tool will supplement CPR data in

order to support and improve case practice and CFSR outcomes. The data from this First 45 Days Review Tool will support items added to regional Quality Improvement Plans.

During a child's first 45 days in physical custody, caseworkers do critically important work that result in an agreed-upon plan of action for the next several months. The intention of this tool is to conduct a more in-depth review of this work. Review questions inquire about the process and quality of assessments, CFTMs, and the initial permanency plan for the child and his or her parents or guardians. The review determines if all of the necessary information was collected for quality assessments of each child and parent/s/guardian, if a set of action steps were developed that were in line with the assessments, and if documentation in the case record is adequate to judge the quality of case work. The data will highlight what case management tasks and efforts affect child and family service outcomes in the beginning of a custodial case.

Regional Case Reviews

Several years ago, DCS implemented a two-layer process for special reviews of children who had been in custody for many months without evidence of progress toward permanency in order to proactively identify and address any obstacles to permanency in those cases.

The first layer of review is done at the regional level with slight variation in implementation from region to region. Across region, all cases of children in custody for 15 or more months with no TPR filed are reviewed at least quarterly (monthly in some regions) by a team that includes one of more of the following members of regional leadership: the regional General Counsel, the Regional Administrator, and the Deputy Regional Administrator.

The second layer of review includes the Deputy Assistant Commissioner and the Deputy General Counsel in Central Office, who lead monthly conference calls with staff in each region to review all cases of children in custody more than 15 months who are not in full guardianship (the category of children reviewed at the regional level is therefore a subset of those reviewed with Central Office).

The second layer of review did cease for FY 2018, but will restart for FY 2019 with the new Deputy Commissioner and Deputy General Counsel in Central Office. The review at times will also be expanded to other populations and cases that the region has identified as "stuck."

DCS produces TFACTS reports listing the children falling into these categories to support these reviews. The purpose of the reviews is to evaluate whether the reasons for not filing TPR are, in fact, "compelling," and if there are no compelling reasons not to file TPR, to identify and address any barriers to filing.

Office of Child Safety: Quality Review for Investigations (QRI)

The Office of Child Safety Internal Quality Control Division created a Quality Review for Investigations (QRI) which is a process for assessing the quality of work within investigations by gathering quantitative and qualitative data and using that information to make individual, team and statewide improvements. The QRI is completed on a 5% random sample of cases within each region and was developed by OCS based on the aspects of an investigation believed to be the most important. The QRI provides data at all levels of OCS to inform practice and policy through an established Continuous Quality Improvement process. To date, OCS staff have completed over 5700 quality reviews since implementation.

The CQI process continues to look at the quality review results at each level of OCS and, depending on the results, creates and executes Quality Improvement Plans, also at each level of the Division. It is the goal of OCS to not only conduct reviews but to also use the information obtained from the review and systematically improve the quality of the practice, policy, and ultimately the lives of the children and families served by the Department.

The quality review process is instrumental in identifying challenges within case documentation, administrative reviews, and timeliness of practice. The creation of Quality Improvement Plans ensures the Division's commitment to addressing these concerns and will guide OCS into improved quality in an organized, systematic and memorialized method. The utilization of the QRI has proven to be effective and beneficial to both field workers and Central Office management. Currently, CPSA staff use the Case Process Review (CPR) tool and the Fidelity Reviews as methods to gather information and address areas of needed development and improvement. The utilization of the QRI and the Quality Review for Supervision (QRS) has proven to be effective and beneficial to both field workers and Child Safety leadership. These positive outcomes have resulted in CPS Assessment's interest in the implementation of this quality review process, which, when implemented, will also enforce consistency across the two sister program areas. CPS Assessment Central Office staff conduct monthly and quarterly reviews of documentation and data as part of the quality review process. CPS Assessment Central Office staff review cases utilizing the Quality Assessment Review (QRA) tool. Results are shared with regional management quarterly and with the Executive Director of Child Programs monthly. These findings are also shared at the statewide PQI (P&P) meetings held bi-monthly. The information and findings may serve as tools to direct and coach staff on strategies to improve quality by identifying barriers and addressing needs. The data has been helpful in attempts to right-size regional staff.

As part of the quality review expansion, the Quality Review for Supervision (QRS) was created and implemented in 2017. The QRS was developed to assess the quality of supervisor decision-making within Investigations. The QRS process has allowed OCS to address supervisory challenges and focus on program and practice improvement. To date, there have been almost 300 quality reviews completed for supervisors.

Performance and Quality Improvement (PQI)

DCS has a strong foundational administrative structure for PQI across Tennessee. The Director of PQI and Accreditation and Provider Quality maintains oversight of the statewide PQI program, which includes a Program Director 1, two Program Coordinators, two Team Leaders and nine Case Manager 3's. The second Program Coordinator is responsible for providing PQI support to the Knox region and assists with special PQI projects for Central Office.

The Director of PQI and the PQI unit offer assistance as needed to the Youth Development Centers as they currently do not have PQI coordinators within their facilities.

The statewide PQI program has a consistent structure throughout the state and allows for communication to flow between various levels. The PQI Coordinators are responsible for working with the regional and facility PQI Teams to develop Program Improvement Plans for Quality Service Review and Case Process Review Results. The PQI teams work on making improvements to a variety of compliance data provided on scorecards, in addition to improving processes to ensure timely

services and outcomes for children and families. PQI referrals are used to resolve problems statewide. 36 PQI referrals have been submitted since July 2017. 23 referrals are still active and 40 have been resolved at the Central office level, which is an increase of more than 25 over the previous fiscal year. This doesn't include all referrals made through the Central Office Safety Action Group.

A statewide annual PQI survey went out to all DCS employees. A total of 843 employees responded to the survey which is a drop from the previous year but the results remained steady. Respondents reported a slight increase in feeling part of a PQI team (49.1% CY16 and 54.4% CY17). Responses to questions around leadership support for PQI, staff seeing positive results from PQI and feeling their time is well spent in PQI meetings, stayed steady. Data has been aggregated and results posted since calendar year 2014. Annually the results are compared to previous years in order for trends and areas for improvement to be identified.

The team continues to track and monitor data clean-up reports to ensure increased data quality which include:

- Cases with no permanency plan after 60 days
- Clients with no SSN
- Clients under age 6 in Congregate Care
- Undocumented clients with SSN
- Clients in custody Missing Adjudication
- Clients in Custody with no Education Information
- D&N Clients in Detention placements
- Clients who have aged out of care
- Cases with Missing Caretaker Address
- PQI reviews AFCARS elements that are above the 10.00% requirement statewide. A focus has been on element # 5, element #43 and element # 22. OCQI has been working to strengthen DCS and provider data entry requirements by meeting with staff who enter this information to ensure they understand what is required and the purpose of information.

The PQI unit is responsible for using Lean facilitation to streamline Departmental processes and procedures to maximize effectiveness. The unit has continued to conduct Lean overview and facilitation training as Finance and Administration is no longer providing this training. One training has been held this year with another scheduled in the fall of 2018. In 2017-2018, the Child Protective Services (CPS) Lean Event was conducted. This event looked at the removal/placement process in custodial cases. Members created a consistent, statewide removal process and a streamlined intake packet. The three main recommendations presented were: a consistent, statewide removal packet, a case transition from CPS to the social services caseworker taking place at the first placement, and a Regional Support Team to assist with custodial episodes. The feedback will be addressed at the next Policy and Practice Meeting. This event also recommended a Non-Custodial Lean Event which has not yet been scheduled.

The PQI team continues to provide PQI support and monitoring to the Department's IV-E Waiver Demonstration Project called In Home Tennessee (IHT). The IHT Data PQI team, which consists of the PQI Coordinators from Central Office and the 12 regions and selected Data Leads from each region, reviews a variety of data products provided by Chapin Hall, the project evaluation team. The

PQI team conducted a quality case review on the Family Advocacy Support Toll (FAST) assessment, and developed staff skills and capacity to provide support for using the Baseline, Target and Actual (BTA) data product. Leadership staff in the Department's 12 regions continue to receive training on the data products as well as have been engaged to discuss data trends for both placement stability and custody numbers.

Continuous Quality Improvement for the Office of Child Safety

The Office of Child Safety Internal Quality Control Division continues to use a Continuous Quality Improvement process which uses the results of the Quality Review for Investigations and other areas of practice to improve performance, policy and procedure. This process assists in identifying areas of excellence in investigations and areas of needed improvement. The process uses remediation and the creation of action plans to address practice issues, training needs and policy revisions statewide while documenting efforts at continuous quality improvement and demonstrating a continued commitment to excellence within investigations. Statewide and Grand Regional CQI meetings are held quarterly and address overarching challenges or barriers to policy and practice. A Statewide Quality Improvement Plan is implemented and action steps are updated quarterly based on new case review data as well as information that is provided by the regional quality review CQI meetings.

Accreditation

As of May 2017, DCS has signed the Council on Accreditation (COA) agreement for a new accreditation cycle through 2021. All regions/YDCs will have a site visit prior to 2021 and submit maintenance of accreditation evidence yearly prior to site visit. DCS will complete mock visits and trainings for staff on new Child and Family Standards. The Central Office portion of the third round accreditation cycle has been completed. The Preliminary Self-Study was submitted in October 2017; with the full Self-Study completed and submitted on February 1, 2018. A team of two COA reviewers completed the site visit in Central Office from April 29 to May 1, 2018. Preliminary feedback from the review was very positive, with strengths identified in all areas of Administration and Management and Service Delivery Standards. Reviewers expressed confidence in the management staff, policies, procedures, and practices of the Department at the Central Office level. Specific strengths were noted regarding the excellence of the strategic planning process, Performance and Quality Improvement process, and professional development programs. Both Youth Development Centers are slated to complete their self-study and site review process before the close of 2018, with regional reviews scheduled to begin in February 2019. COA has worked with the Department to develop a streamlined review process for the regions which more closely aligns with the CFSR. Regions will be reviewed on a reduced (approximately 50%) number of Administration and Service Delivery Standards, in order to focus on Service Standards and casework practice. COA Team Leaders and Peer Reviewers with CFSR experience will be prioritized to participate in the on-site reviews, with all reviewers receiving further training on the CFSR. Regions will participate in pre-site calls and provide their most recent CFSR results to COA, identifying critical areas for improvement to focus the case file reviews and interview process. Fewer case files will be reviewed, with greater depth of feedback regarding strong practices as well as areas for improvement.

Licensing

State licensing regulations ensure children and families receive the best possible services and care provision in residential care, in adoption-related services and in child abuse prevention programs offered through local communities. The DCS Office of Child Welfare Licensing has moved to an

online process for the review and revision of rules by its mandated committee. This is not only more cost-effective to the state (and time-efficient for the committee members) but allows for greater input from ad hoc and collateral participants. While the final authority for approving all revisions rests with the core committee, the input from a much larger group of subject-matter experts helps ensure that the regulations are both thorough and practical in scope. This informs and supports DCS residential provider policy and ensures a more seamless meshing of policy and rules. It also sets new standards that can be used in collaboration with other departments in further developing their own rules for services to children and youth.

Because DCS Licensing regulates private residential providers that do not contract with the Department, as well as all international and domestic adoptions and community child abuse prevention services such as Child Advocacy Centers, these much needed revisions in the state regulations will protect not just children in DCS contracted agencies but also services to Tennessee children and families that are not otherwise subject to oversight through the Department.

Currently DCS Licensing collects the total number of adoptions completed through the adoption agencies it reviews. The DCS Licensing unit will begin requiring those agencies to distinguish between international and domestic adoptions.

Provider Quality Team

The Provider Quality Team (PQT) consists of a multidisciplinary team of experts who are responsible for overseeing the monitoring of all contract provider agencies to ensure facilities are meeting standards and expectations set forth by DCS. PQT meets weekly to review all Special Investigations Unit (SIU) investigations that were closed with concerns, substantiated, or if there is a history that warrants concern. Moreover, PQT discusses concerns that may impact the provider agency or Youth Development Center's ability to provide quality services. The team develops action steps to include recommendations for the particular staff member or the provider agency identified in the concerns. The recommendations may include training, face-to-face meetings and implementing Quality Improvement Plans. When concerns or issues warrant an in-depth review or analysis, PQT serves as a response team to collect data, make recommendations, and provide technical assistance, as needed. There are approximately 100 allegations reviewed during each quarter. For the period from July 1, 2017 through March 30, 2018, PQT staff monitored 405 investigations that opened related to facilities serving DCS youth, with 159 of those reviewed by the larger multidisciplinary team. In the first three months of 2018, 19 facility staff were terminated, and an additional three staff resigned in relation to investigations reviewed by PQT. As of June 2018, three facilities are working on Quality Improvement Plans monitored by PQT.

Foster Home Quality Team

The Foster Home Quality Team (FHQT) works to ensure that foster care placements and providers have the ability to provide safety and promote the wellbeing of children following an SIU investigation or concern. The Division of Foster Home Quality is responsible for placing foster homes on Suspended Admissions due to being investigated by SIU and notifying the provider agency and local DCS staff of the suspended admissions. The suspended admissions is initiated to prevent additional placements being added to the home during the investigation period. Once the Division of Foster Home Quality is notified of the outcome of the investigation, the suspended admissions is either lifted or the home is reviewed by the Foster Home Quality Team. Trends of allegations and number of investigations for each foster home are tracked and reviewed during the

Foster Home Quality Team meeting to ensure appropriate decisions are made. The Foster Home Quality Team meets weekly and consists of individuals from the following DCS divisions: Safety, Health, Risk Management, Foster Care, Policy, Program Accountability Review, Training, Utilization Review, Placement, Network Development, and Foster Parent Advocacy. This partnership will help improve the provider barriers identified during the CFSR process. There are approximately 150 to 200 cases reviewed by the Foster Home Quality Team during each quarter. As of June 22, 2018, FHQT has reviewed 105 DCS operated foster homes and 208 private provider operated foster homes to date in 2018. Individual foster parents or homes can be discussed more than once by the team, and in that case, would be repeated in the numbers. Of the 313 reviews, 131 cases (43 DCS and 88 private-providers) resulted in lifting the suspended admissions status of the foster home after review and 87 cases (29 DCS and 58 private provider) resulted in closure of the foster home. In the remaining cases, another outcome was reached, such as putting the home on a long term monitoring action plan or implementing a placement restriction such as specifying the ages of children allowed to be placed in the home.

Contract Monitoring Quality Team

The Contract Monitoring Quality Team (CMQT) monitors, evaluates, and works to enhance the quality and effectiveness of contracts and services purchased from other provider organizations or independent contractors. CMQT focuses on all contracts and Delegated Purchase Authority providers both custodial and non-custodial that fall outside the scope of Tennessee DCS residential/performance based contracts. CMQT meets monthly to review and discuss regional and Central Office referrals and concerns identified by contract monitors. CMQT may contact the provider to facilitate partnership and collaboration in seeking a resolution. Quality Improvement Plans may be initiated as necessary to resolve the concerns. The Contract Monitoring Quality Team consists of individuals from the following DCS divisions: Foster Care, Program Accountability Review, Health, Fiscal, Continuous Quality Improvement, Legal, Juvenile Justice, and Risk Management. This process will help improve the provider barriers identified in the Child and Family Service Review. This quality team has monitored concerns related to seven agencies providing services to clients of the Department since its inception in the end of 2017.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP

1. A formal training program will be developed for Performance and Quality Improvement (PQI) staff.

Update: The PQI Division has received formal training in data analytics as well as various PQI approaches. Two of the PQI staff have completed Evidence Driven Growth and Excellence and four are in the current cohort slated to graduate in October 2018. The goal is to have all of the current staff go through this training. The PQI division has also received training around the strategic planning goals and measurements used to determine compliance with the established outcomes of the strategic plan.

2. A minimum of two new Performance and Quality Improvement (PQI) trainings will be developed annually for all DCS staff to take as in-service electives. This will include specialized training on facilitation, scribing, and the use of data.

Update: During this fiscal year, the annual PQI computer-based training has undergone a revision and information was updated to reflect current processes. PQI staff are trained in delivering facilitation and scribe training and conduct these as requested by the region. Regional PQI training also occurs with new staff as a part of their onboarding experience. Face-to-face PQI training is also available upon request.

3. An evaluation tool is provided to youth at the two Youth Development Centers (YDCs) in order to measure the level of fidelity to the evidence-based practice model. Collect the dosage logs of sessions provided to youth and compile monthly participation reports that track the number of sessions delivered compared to the sessions required to meet fidelity by each facility on a weekly basis.

Update: Last year, a total of 305 youth participated in Anger Replacement Training (ART) and the YDCs reached 61% fidelity to the model. The drop in percentage of fidelity is due to security issues that occurred at one of the YDCs forcing staff to prioritize security, leading to inconsistency in groups being conducted for several months. During this fiscal year the tracking process was moved under the Office of Juvenile Justice. A roster was developed for the YDC staff to complete and submit weekly. The Office of Juvenile Justice measures and calculates percentages based upon the number of completed sessions within a week, the number of sessions that should have occurred within a week, and how many youth were present per each session. This data is posted on a monthly scorecard enabling juvenile justice leadership to closely monitor fidelity.

4. Evaluate the How I Think Surveys (HIT) completed by the youth at the Youth Development Centers (YDCs) to measure the youth's perception of the service and their behavior risks.

Update: During this fiscal year the HIT tracking system was transferred to the Office of Juvenile Justice. The facilities submit HITs weekly to the Office of Juvenile Justice, who documents the assessment score on a spreadsheet. Currently, all staff at the YDCs have been trained to interpret the HIT scores on each youth to develop their individual permanency plan goals and determine appropriate levels of treatment based on clinical and non-clinical scores.

5. Use the Quality Service Review (QSR) process at the Youth Development Centers (YDCs) to determine the effectiveness of the Anger Replacement Training (ART) program through the Emotional/Behavioral indicator.

Update: ART (Anger Replacement Training) consists of three groups: Anger Control, Moral Reasoning, and Social Streaming. All youth in the YDCs participate in each group once a week for a total of three groups a week. During the QSR interviews, youth are asked if they are able to use the techniques they learn in real situations. The majority of youth report the de-escalation techniques are most useful when interacting with their peers. During this fiscal year, 82.5% of youth involved in the YDC QSRs received acceptable scores for Emotional/Behavioral Well-being and 100% of youth reported they actively participate in the groups.

6. Conduct Perception of Care Surveys in person at each Youth Development Center in January and July each year, providing results to Juvenile Justice Leadership and DCS Senior Leadership Team.

Update: DCS continues to conduct Perception of Care Surveys twice annually at the two Youth Development Centers. Surveys are conducted in person by staff from the Office of Continuous Quality Improvement. The data is extracted from Formstack (an online form builder, data collection and management system) and forwarded on to Juvenile Justice Leadership within 30 days of the completion of the surveys. In addition, questions are asked to determine what has been learned and applied from the program. Last year the survey consisted of thirty-three questions; 29 questions are Likert Scale and the remaining four questions are qualitative design. A comment space is available at the bottom of the questionnaire for the youth's additional comments. During this fiscal year, a total of 96 youth were surveyed from two YDCs.

A sample of Tennessee statewide results include:

- 56% feel safe from abuse and neglect in the Youth Development Center.
- 66% have a treatment plan and know what they need to work on.
- 49% feel the program is helping them achieve their goals.
- 52% feel the program is teaching them skills they can use when they return to their home community.
- 50% feel the program helps them do better in school.
- 79% feel they are able to maintain family connections through visitation and phone calls.
- 65% feel their medical needs are taken care of.

Qualitative trends include:

- The opportunity to graduate from high school and further their education.
- The skills youth learn in therapy and the opportunity for a better future.
- Youth do not like the quality of the food.
- Youth desire more time for positive activities outside of therapy and school.
- There is a desire for a more clean, safe, and respectful environment.

7. Conduct employee survey on an annual basis and provide data to each region and the State Performance and Quality Improvement (PQI) Team to set improvement goals.

Update: The Office of Human Resources and Professional Development continues to conduct the Annual Employee Survey and partner with the Office of Child Health to conduct the Department's Culture of Safety Survey. In 2017, DCS began conducting Stay Interview Focus Groups with staff who had been employed for more than three years. In 2018, the Department will add an additional Focus Group specifically for staff who have been employed for less than one year as this group has a particularly high turnover rate. DCS partnered with the Tennessee Department of Human Resources in April 2018 to distribute an agency-wide Employee Engagement Survey. Once the results have been received, they will be shared with Senior Leadership. The PQI division conducts a yearly survey for all DCS staff to measure the effectiveness of the current PQI structure within their region and statewide. The survey looks at, among other things, the individual's participation in PQI, reasons why they do or do not participate, effectiveness of PQI in their area, leadership support of PQI, and their knowledge of PQI projects. Each PQI coordinator sets annual goals to improve identified areas of need within their region.

8. Conduct annual surveys with birth parents, youth, foster parents and contract providers, and provide results to the Continuous Quality Improvement (CQI) Coordinators for use in Quality Circles and with Quality Practice Teams.

Update: The Program Evaluation Team conducts an annual Foster Parent Survey during the Tennessee Foster and Adoptive Care Association (TFACA) conference each fall. The information from this survey is provided to the Office of Program Services' Foster Care Team and the regional Continuous Quality Improvement Coordinators through Quality Circles to determine areas of needed improvement.

The Perception of Care Survey is offered every six months to the youth placed at the Department's two Youth Development Centers (YDCs). The results from these surveys are provided to the Office of Juvenile Justice and Youth Development Center leadership teams. If safety concerns are noted from these surveys the appropriate referrals are made to the Special Investigation Unit for investigation and/or the Department's Internal Affairs Team.

The Youth Survey is conducted during the month of November annually. Youth in state custody are surveyed and the results are shared with the Department's executive leadership, regional leadership, and Continuous Quality Improvement (CQI) Coordinators to determine areas of needed improvement. Safety concerns noted from these surveys are immediately addressed.

The Program Evaluation Team has struggled to obtain meaningful qualitative data through birth parent surveys. Past attempts to survey parents yielded extremely low response rates that were not fiscally responsible due to the cost of delivering the survey through the postal service. The Department formed a work group to explore collecting birth parent satisfaction and engagement data through the Child and Family Team Meeting process during 2017. Electronic surveys will be provided to the Birth-parents upon completion of certain identified CFTMs. A plan has been formulated to pilot this method in late 2018. The Department realizes the importance of collecting relevant birth parent satisfaction and engagement information and has contacted the Capacity Building Centers to work with the state on this identified barrier.

The Program Evaluation Team has worked with the Executive and Senior Leadership Teams at DCS to review stakeholder input collected during the June 2017 Child and Family Service Review Stakeholder Focus Groups. This information was pulled from the Onsite Review Instrument and reviewed extensively during the CFSR Program Improvement Planning (PIP) process. Additional focus groups were held as requested by the six CFSR PIP planning workgroups. All of this information was made available to workgroup participants and all levels of DCS leadership for planning purposes.

The Program Evaluation Team incorporated a Caseworker/Team Leader Feedback session for each case reviewed during the Child and Family Service Review during 2017. This allows each caseworker and their supervisor to get input on engagement and satisfaction of stakeholders on their case, as well as to identify the strengths and areas of needed improvement. This process was refined prior to the beginning of the 2018 review season to ensure that all reviewers were providing the same information in the same format.

Prior to the start of the 2018 CFSR season, changes were made to the Regional Debrief Sessions that occur on the Friday of the review week. Providers and all levels of DCS staff are now invited to attend the sessions. The Executive Leadership Team calls in to each Debrief session. The first forty-five minutes of the Debrief is devoted to presenting the region with information about each item and their performance. During the last hour and fifteen minutes of the Debrief participants divide into three groups. Each group then has a guided discussion about what they heard and what they feel are the strengths and areas of needed improvement around quality visitation, quality assessments, and service array enhancements. This information is then collected and shared with the Executive Leadership Team, CFSR PIP Team, and CQI Coordinators for use during Quality Circles and with Quality Practice Teams.

The Program Evaluation Team has made a determination through the CFSR process that the Department is lacking ongoing focus group data to help listen to the voice of our customers (internal and external). The Program Evaluation Team is beginning to develop an ongoing focus group process for the Department.

9. Improve the development and enforcement of the Department's state regulations used to protect children, families, and consumers of child welfare-related services.

Goals:

- In addition to the recent promulgation and implementation of the rules for Juvenile Detention Centers and Temporary Holding Resources, the committee has also reviewed and offered recommendations on several other sets of licensing rules which will be promulgated this fall and effective by January 1, 2019.
- DCS Child Welfare Licensing continues to refine the standards revision process to allow the maximum amount of input from lay practitioners, subject-matter experts and advocacy/oversight agencies. While the committee is limited to 12 members, the revisions to the rules are shared with these other stakeholders continuously throughout the revision process.
- Promulgate and implement all nine classes of licensing rules by the end of 2019. This includes the creation of a new chapter of administrative rules that are applicable across all licensing classes.
- DCS Child Welfare Licensing was recently awarded an additional position which will allow the unit to broaden the scope and frequency of reviews, particularly among those agencies providing services directly to children and youth.

Update: The Standards Committee met in 2016 and 2018 to review all sets of proposed rules and revisions. Rules for Juvenile Detention Centers and Temporary Holding Resources were promulgated and went into effect in July 2017. Among the changes to these rules were tighter restrictions on the use of Restrictive Behavior Management (RBM) practices which include the use of seclusion, physical and mechanical restraint, and chemical defense sprays. In January 2018 DCS Licensing implemented an initiative to assess, on a quarterly basis, the use of RBM across all JDC facilities and began compiling data related to these practices that will be aggregated and used to inform both individual corrective action and overall improvements to the juvenile detention system.

The committee has also reviewed and offered recommendations on several other sets of licensing rules which will be promulgated and effective by January 1, 2019.

DCS Licensing has also worked with the Tennessee Department of Education (TDOE) to address the provision of education services in juvenile detention facilities; resulting in new rulemaking and monitoring by TDOE around the implementation of these services.

10. DCS coordinates with Child Advocacy Centers and Family Justice Centers to co-locate the various disciplines involved in the investigation of child abuse and neglect. Co- location will increase communication between the disciplines and result in more seamless investigative outcomes and service delivery to children, families, and the community.

Update: Currently, there are 120 CPS Investigators co-located in 17 Child Protective Investigative Team (CPIT) partner facilities across the state. The Department continues to pursue additional co-location opportunities that would be beneficial to all parties.

11. The Office of Child Safety Community Partnerships Division revises and monitors the contracts DCS has with the Child Advocacy Centers (CACs) and Forensic Interviewers. The revision of the contracts ensures that there are outcome based quality measurements and that there is regular oversight to ensure expectations are being met.

Update: The Director of Community Partnerships continues to work closely with the Tennessee chapter of CACs and the CAC directors to ensure compliance with the contracts and to provide guidance on consistent practice and policy application. Data is provided to the Department by the chapter to be used to guide decisions related to forensic interviews, forensic medical exams and overall functioning of the multi-disciplinary team approach to investigating severe abuse allegations. Leadership in the office of Child Safety meet regularly with the CAC directors to strengthen communication and align departmental efforts and goals with the investigative partners.

12. DCS will use the Council on Accreditation (COA) Pre-Commission report if necessary to make identified changes to practice to meet the standards.

Update: The COA team has completed the review of the new Child and Family Service standards with regional and Central Office staff to ensure implementation of all new standards prior to the initial regional site visits beginning in 2019. A number of policies have been updated to reflect the new standards, with ongoing development of additional programs to address new standards related to Domestic Violence protocol, Services for Parents, and Services for Expectant and Parenting Youth. The CPR tool has been realigned to promote understanding and practice of CFSR expectations along with meeting the COA standards for case review. The new tools were implemented in January 2018 after ongoing training and discussion with regional staff regarding the purpose and use of the revised tool. Other projects related to the alignment of COA and CFSR include the Case Worker Documentation Desk Reference Guide, The Quality Contacts Initiative, and new policies and/or policy attachments related to working with parents and visitation.

As of September 30, 2017, DCS has completed submission of Maintenance of Accreditation (MOA) documentation for all 12 regions. Feedback from COA regarding the MOA evidence was generally positive, with areas for improvement noted in staff retention. The upcoming MOA cycle began with

two regions submitting evidence by May 30, 2018, and three more by June 30, 2018. All regions will complete the 2018 MOA cycle by September 30, 2018.

13. Prior to a lapse in accreditation, DCS will complete a self-study and site visits according to the cycle time identified by COA.

Update: DCS has developed a schedule for re-administering the self-study and scheduling the site visits for the third accreditation cycle. COA and DCS have implemented a rolling schedule of all accreditation activities, inclusive of Maintenance of Accreditation (MOA) reporting, self-study, and site visits including Central office, all 12 regions, and the remaining two Youth Development Centers. COA activities are scheduled through 2021. The current reaccreditation cycle incorporates regional staff at a deeper level by scheduling an intake call with each region one year prior to their site visit date, providing the Regional Administrator and regional COA Point Person with access to the COA Portal, and promoting completion and submission of self-study and on-site evidence via teamwork between regional staff and the Central Office COA team rather than by Central Office alone.

Systemic Factor 4: Staff and Provider Training

DCS Strategic Plan Priorities:

Learning Organization
Safe and Engaged Workforce

DCS Strategic Goal:

Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.

Support a professional workforce, working in safe and effective teams.

DCS Objectives:

- 2.1:** Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes
- 2.3:** Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families
- 3.1:** Advance a culture of safety and reliability
- 3.2:** Recruit, develop, and retain quality employees and equip them to deliver high quality service through continuous professional development, coaching and training
- 3.3:** Ensure sustainability of efforts through staff retention and thoughtful succession planning

Please refer to pages 57 – 65 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP

The DCS Office of Training and Professional Development is responsible for the development and delivery of training to all DCS employees located in offices and facilities across the state, as well as

for providing Training for Trainers to provider agencies who provide initial and ongoing training for DCS foster parents. This includes tracking and monitoring compliance with training requirements, new training program development, producing training reports, and managing training contracts with outside agencies.

Pre-Service Training

The Pre-service Certification program occurs over seven weeks, with typically at least one week prior for orientation. The seven-week process includes three weeks of classroom training and four weeks of on-the-job training (OJT). Certification is accomplished with a final Case Presentation Panel Assessment to assess the new hire's OJT performance and readiness to function as a case manager. 100% of new staff hired complete the pre-service requirements within the first 120 days of hire. Caseworkers who cannot successfully pass the final case presentation are offered a second chance following additional OJT and support. In rare situations, new hires are terminated when the case presentation cannot be passed or other issues arise that cause leadership to determine that the new hire is not a good fit for employment.

The Pre-service Course is delivered as follows:

Week 1 – Core Training (All programs receive this training)

Week 2 – On-the Job Training

Week 3 – Specialty Training (Child Protective Service, Permanency, Juvenile Justice)

Week 4 – On-the Job Training

Week 5 – Specialty Training (Child Protective Service, Permanency, Juvenile Justice)

Week 6 – On-the Job Training

Week 7 – On-the Job Training and Case Presentation Assessment and Certification

Core Training: One week of foundational training with emphasis on trauma-informed casework, motivational interviewing, child development, child maltreatment, and safety and risk. This is based on engagement, teaming, assessment, planning, implementation, and tracking/adjusting while remaining strength-based, culturally responsive, and family centered. Multi-dimensional learning opportunities are presented to include interactive learning, questionnaires, video conferencing, demonstrations, different subject matter experts, and self-paced practice.

CPS Specialty: Two weeks of specialized training for all CPS case managers. A trainer, facilitator, and/or subject matter expert is brought in to provide the training sessions. CPS Specialty weeks include direct application with reviewing policies, practicing new skills, practicing casework through engaging and integrating assessment information into case plans. Emphasis is placed on allegations of harm and use of decision-making tools and assessment tools. Multi-dimensional learning opportunities are presented to include interactive learning, questionnaires, demonstrations, and self-paced practice.

Permanence Specialty: Permanence Specialty Training follows a family from the beginning of the case to the closure of the case. The enhanced training incorporates hands-on casework such as practice engaging families, and integrating assessment information into case planning. Additional practices include a mock Child and Family Team Meeting, Foster Care Review Board, and Permanency Plan writing. Networking with experts from the field is offered in the training through an in-person panel of experts and via video capturing the topics of legal work, Independent Living,

and court. The topics of trauma and motivational interviewing explored in the core week of training are weaved throughout the Permanence Specialty curriculum to allow for practice in these critical areas of case practice.

Juvenile Justice (JJ) Specialty: Two weeks of specialized training for all JJ case managers. This training includes direct application with reviewing policies, practicing new skills, practicing casework through engaging, and integrating assessment information into case plans. Emphasis is placed on Tennessee Code Annotated for juvenile/youth offenders, court and procedures of court, the Adoption and Safe Families Act (ASFA), trauma and delinquency, mental health of adolescents, substance abuse of youth, types of probation for youth, planning for youth, youth development centers, and working with the youth and their families. Multi-dimensional learning opportunities are presented to include interactive learning, questionnaires, demonstrations, subject matter experts, site visits to the youth development centers and self-paced practice.

Family Support Services (FSS): Staff hired to work Family Support Services cases participate in Child Protective Services (CPS) specialty training and certification, followed by a three day FSS In-Service Specialty training. This is done due to the low number of staff hired into these positions, as existing staff members from other program areas often transfer into these positions.

Pre-Service On-the-job Training (OJT): OJT is four weeks of structured learning activities for each specialty area with an experienced peer mentor/supervisor for coaching, guidance, and consistency. The On-the-Job Training Checklists recommends learning activities during each OJT week that will reinforce the training materials delivered during the previous week of training. A checklist exists for each program area and is attached to the new hire's Individual Learning Plan.

- During the Pre-Service process, the OJT (On-the-Job) Coach will be the main conduit of communication for the support team that includes the new hire, the new hire's supervisor, the mentor, and the trainer.
- Information will be shared via the Individual learning plan for each new hire.
- At the beginning of each week of OJT, the assigned mentor and OJT Coach will meet with the new hire in a Support Team Meeting (STM) to discuss and plan the OJT activities for the week.
- The discussion and decisions made will be documented and updated each week in the Individual Learning plan (ILP).
- Following core and specialty weeks, the trainer will provide written feedback regarding classroom participation in the ILP.
- The ILP is reviewed during the weekly STM with the OJT Coach and Supervisor.

Case Presentation Assessment and Certification: The Individual Learning Plan serves as an on-going assessment of professional development throughout Pre-Service certification training. Following the completion of classwork and OJT training, and as a final assessment, the new hire participates in a Case Presentation Assessment on one of their training cases, conducted by their OJT coach, mentor, and supervisor (and the Regional Administrator may designate other staff to participate). The Case Presentation Outline gives the new hire guidance to organize the information and prepare for the case discussion. The new hire will bring examples of completed documentation on their case so the team can evaluate their documentation skills. At the conclusion of this presentation, documentation review, and a review of the Individual Learning Plan, the team determines the new hire's readiness to be certified as a DCS case manager.

In-Service Training

All DCS Case Managers (Family Service Workers, Probation Workers, and Non-Custodial Case Workers) complete 40 hours of in-service training annually. DCS requires that all employees receive in-service training in accordance with Policy 5.2; Professional Development and Training Requirements, the Professional Development Hours Chart, and the Required Training Chart for DCS Staff. Updates to all of these documents were made during this fiscal year. For FY 2017-2018, 89% of staff were in compliance with mandatory trainings. This is tracked in the DCS human resources data management system, Edison. Data reports are pulled quarterly and sent to the regions so managers and staff can track progress. When staff are not compliant with training hours, supervisors address deficiencies through the performance management process, which can impact their performance ratings and annual raise.

2017-2018 In-Service Training Highlights:

Quality Contacts Initiative: The Quality Contacts Initiative seeks to improve practice through supervisory coaching and training support to develop knowledge and skills of caseworkers in spending quality time with children and families. Child welfare best practices rely heavily on quality contacts between caseworkers and children, youth, parents, out-of-home caregivers, and other case members such as extended family, service providers, and courts (CASA, attorney's and GALs). When concerted efforts are made by caseworkers to make quality contacts, it ensures child safety, supports permanency, and promotes well-being of families. It is the goal of DCS to improve the quality of contacts through supervisory coaching on global and integrated assessment, and thoughtful service planning that tracks and adjusts based on the needs of the family. This initiative uses the Capacity Building Center's Quality Matter's suite materials.

Developing Quality Permanency Plans: This training teaches caseworkers how to write quality strengths, needs, and action steps in the permanency plan. It reinforces the skills needed to effectively document the Department's work with families using behavioral specific language. This training will ensure staff have the skills needed to document permanency plans to fit the new TFACTS Permanency Plan design. All caseworkers must complete this course by September 30, 2018.

National Adoption Competency and Mental Health Training Institute (NTI): DCS is working with the Center for Adoption Support and Education (C.A.S.E.) to pilot the National Adoption Competency Mental Health Training Initiative (NTI) for mental health and child welfare professionals who work with children who are moving to, or have achieved permanency, through adoption or guardianship. Over 1200 child welfare workers across TN (800+ DCS caseworkers and 330+ provider agency caseworkers) enrolled in the 20+ hour online training and over 930 (over 74% enrollees) have successfully completed the training.

Family Support Services In-Service Specialty Training was launched in July 2017 through April 2018 for all FSS workers to be trained in policy, procedures and practice related to working effectively towards prevention with non-custodial families.

DCS continues to partner with Vanderbilt University Center of Excellence on a variety of initiatives including:

- **Counter Response:** In 2016, the Tennessee Commission on Children and Youth were awarded a grant with the Juvenile Accountability Incentive Block Grant (JABG). Part of the funding from this grant was allocated to DCS to provide Counter Response training for case managers and supervisors who work with Juvenile Justice youth. DCS contracted with Vanderbilt Center of Excellence (COE) to develop and deliver the training. From September 2016 to January 2017, juvenile justice teams from six regions and one Youth Development Center received two training sessions and multiple coaching sessions to learn and implement the Counter Response model. Currently, DCS is partnering with Vanderbilt COE to develop Training for Trainers to deliver to DCS trainers and expand delivery to staff providing foster care and child protective services.
- **Assessment Integration (AI) Pilot:** The Assessment Integration pilot (rolled out in three regions, Tennessee Valley, Northwest, and Southwest) is built on a learning collaborative approach, which utilizes multiple training and coaching sessions to allow the supervisors participating to have a richer learning experience. This approach has proven to be more successful than one-time learning sessions. Northwest and Southwest have entered the sustainability period of the AI program. This is the point where they work toward those items they identified in their individual regions in order to achieve lasting and quality assessment integration work in their regions. Tennessee Valley has completed all trainings and coaching sessions. They will develop their sustainability plan in July. An intensive qualitative case file review of the SW and NW regions was conducted in April. The results show a significant improvement in the quality of post AI practice compared to pre AI practice. The Department will begin the rollout of AI to the remaining nine regions, three regions at a time, starting in August 2018.


Preventing Sex Trafficking and Strengthening Families Act Training Requirements

DCS continues to deliver Creating Normalcy through Prudent Parenting, which is a half-day class, and Commercial Sexual Exploitation of Minors (CSEM), which is a full day class. The completion rate for this fiscal year was 89%. In addition, the Office of Child Safety (OCS) Staff participated in a two-hour online Tennessee Bureau of Investigations (TBI) training on Human Trafficking with a completion rate of 96% for this fiscal year.

Supervisory Training


New Supervisor Certification: The Office of Training and Professional Development overhauled the New Supervisor Certification program effective January 2018. When new supervisors are hired or promoted at DCS, they must complete the New Supervisor Certification program within six months of hire/promotion. This program includes over 40 hours of professional development, coaching sessions with their supervisor, and participation in a final Supervisor Certification Panel Assessment. During the last fiscal year, 100% of all staff hired or promoted into supervisory positions completed the certification within the deadline.

The State Department of Human Resources (DOHR) instituted a Leadership Pyramid certification program focused on improving skills for supervisors. DCS is currently working toward all supervisors completing the Level One Fundamental Supervisor Skills. These courses are designed to train agency leaders how to effectively support, manage, and assess performance of the staff they supervise. The chart below outlines supervisor compliance with each course in the Level One Pyramid.



Department of

Human Resources



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Please identify the total number of Supervisors that have completed the Workshops listed below.

Course	Total # of Supervisors	Monthly # of Supervisor	Level 1 Courses		Hours	Total Hours	Total % Hours Completed
			Total Completed	Monthly Hours Completed			
Respectful Workplace for Supervisors	834	3	826	10.5	3.5	2891	99%
Sexual Harassment Training-Online	834	21	702	42	2	1404	84%
UNCAI Customer Service	834	3	824	10.5	3.5	2884	99%
STAR Principles of Customer Service - Navigating Practices and Policies for Supervisors - Online	834	0	661	0	3.5	2313.5	79%
S.M.A.R.T. Performance Planning	834	4	815	14	3.5	2852.5	98%
Get S.M.A.R.T.er: Performance Planning	834	6	778	21	3.5	2723	93%
Developing Direct Reports & Others	834	5	782	20	4	3128	94%
Performance Management 2.0 -	834	12	832	36	3	2496	100%
Performance Coaching	834	7	630	24.5	3.5	2205	76%
Proactive Un-boarding	834	20	691	20	1	691	83%
Total	9174	109	8210	254.5	33	24926	
Total Number of Supervisors participating in 1 Level Certification					834		
Total Percentage of hours completed in Level 1					89%		
Total Number of Supervisors complete		469					
Percent of Supervisors to complete level		56%					

Foster Parent Training

The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide safe, nurturing and loving environments for the children in their care. Through a contract with two community agencies, the Department provided Parents as Tender Healers (PATH) pre-service training to 2857 potential parents in all twelve regions across the state between July 1, 2017 and April 1, 2018. As a result of a successful expansion of the Kinship PATH pilot for kinship applicants in five regions, the pilot will be expanded to state-wide delivery. The pilot offers a 16-hour condensed pre-service training for kin families. In addition, the applicants are able to complete training in just two and a half weeks.

DCS currently mandates Prudent Parenting and What to Know about Child Exploitation for all foster parents. In addition, parents are required to receive a minimum of 15 hours of training credit annually. Between July 1, 2017 and April 1, 2018, 1164 (of 1,938) foster parents completed Prudent Parenting training and 938 (of 1,938) completed the What to Know about Child Exploitation training.

DCS offers the following new courses for foster parents:

- **Trauma Informed Parenting Strategies:** This course provides a framework for foster parents who work with youth who come from hard places, and helps them to make trauma informed decisions by viewing behavior through a trauma lens. This six-hour course is designed to

focus on the effects of trauma on adolescent brain development and strategic methods of providing care and discipline through connections with caregivers.

- De-Escalation Techniques: This training provides foster parents with the tools to not only de-escalate disruptive behavior, but skills to help prevent disruptive behaviors. This course looks at the important task of working with the youth following an incident to teach coping skills and techniques that will allow them to regulate their own behaviors in the future. It is difficult to support children who have experienced trauma, but impossible to do if the caregiver is not well themselves. Because children can often trigger emotions in foster parents that make it difficult to parent calmly, this course covers self-care techniques to use before a youth is even placed in the home.
- Respite Care: The purpose of this course is to define respite care and outline the expectations and guidelines for making respite care arrangements and ensuring the respite care is appropriate for the child(ren) needing care. The training will also address expectations and notifications regarding outings, overnight stays and out-of-state/out-of-country authorizations. Topics of discussion include: the purpose and types of respite, who may provide respite, notification/reporting/timeframes of respite, authorizations, payment, and documentation.

Core: Another major milestone for the agency this year is being approved to participate in the pilot for Core for Teens project sponsored by the Children's Bureau and Spaulding for Children. The curriculum is a culturally and trauma informed course designed to prepare qualified foster parents to successfully work with older youth who have moderate to serious behavioral health challenges. Foster parents will increase their knowledge and ability to meet the unique needs of teens, and to assess their own capacity to care for these teens. The goal of this curriculum is to also provide increased stability and permanency, while promoting social and emotional well-being for older youth who have experienced trauma and now exhibit challenging behaviors. DCS will begin offering courses to foster parents on this curriculum beginning October 2018.

The Foster Parent Training Program is unique in that the program also develops Foster Parent Trainers, who are DCS and private agency staff, across the state. The Foster Parent Trainers are instructed and provided with training skills, tools and curriculum to develop quality foster, adoptive, and kinship parents who are professional and well-prepared. There were approximately 426 Foster Parent Trainers trained across the state from July 2017 to April 2018.

The Foster Parent Training program hosted an annual conference for 808 foster parents. A total of 95 workshops were attended by foster parents, along with an additional training on trauma related topics from a keynote speaker. Parents were able to receive a maximum of 21 hours of training credits in one weekend. The Foster Parent Training Program is led by a Senior Training and Curriculum Development Director, who oversees Training and Curriculum Development, Foster Parent Training, and five regional trainers.

DCS has, in nine regions and one county (and an additional two regions are currently participating in readiness activities and will begin full implementation of KEEP in the fall), trained and supported custodial workers and support staff to implement *Keeping Foster and Kinship Parents Trained and Supported (KEEP)*. KEEP is an evidenced-based intervention. (Please refer to Systemic Factor 5: Service Array and Resource Development for further details about the program).

DCS Tuition Assistance Programs

Bachelor of Social Work (BSW) Tuition Assistance Program: The Bachelor of Social Work (BSW) Tuition Assistance Program provides financial support for selected social work majors who commit to working with children and families at DCS immediately after graduation. In this program, students agree to work for the Department after graduation for six months for each semester of financial support they receive. As of Summer 2018, there have been 623 participants in the BSW program: 564 who graduated, four who are still enrolled, and 55 who were either terminated from the program or academically removed. 514 of the 623 participants are still employed with the Department, 66 have since left the Department, two are recent graduates who have not yet made employment commitments, and 41 were never hired by the Department.

Master of Social Work (MSW) Tuition Assistance Program: The Master of Social Work (MSW) Tuition Assistance Program allows qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for the Department upon graduation. As is the case with the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for each semester of financial support they receive, up to 24 months. As of the Summer 2018, 300 DCS employees that have participated in the MSW stipend program and 28 are currently enrolled in the program.

Contract Provider Training: DCS monitors contract providers through two primary avenues: Provider Accountability Reviews (PAR) and Licensing.

Provider Accountability Reviews (PAR): Provider Accountability Reviews include an assessment of the contract provider's compliance with training requirements. The following is a summary of the PAR process for monitoring provider training hours:

- **Review and Frequency:** Each PBC Provider receives a programmatic monitoring review by PAR annually, although each provider receives a skipped year from monitoring during the year of their national accreditation review, every three or four years depending on the accreditation agent. Provider service subcontractors are also monitored and receive a full PAR review every other year. Each PAR review includes monitoring of required training for all staff and targeted training for specific job types (case manager, direct care, etc.).
- **Monitoring:** PAR monitoring is built directly from training requirements established through DCS, state, and federal training requirements. Monitoring is conducted on site in provider offices with access to all staff training records and with consult with agency training staff. PAR work guides are used on site during monitoring to direct and document monitoring results. A sample of staff files are drawn from all staff positions having treatment access to youth. Training is scored through a numeric process for each staff and all required training topics and requirements. (It is a binary scoring process of yes for completion, and no for no completion or late completion.)
- **Data Management:** Post review monitoring results are entered into a database for storage and are used to generate a report with graphed results, representing a positive and negative score as a summary of all training monitoring results.
- **Corrective Action:** A corrective action plan is sent to the agency requiring completion of needed training for each staff reviewed and confirmation of improved internal review and management process to address long term improvement, if needed. PAR staff will confirm

corrective action completion for needed training by staff, and note plans for improved management and internal review standards.

- Reporting: A PAR monitoring report is completed including graphed results and a narrative explaining each training finding and correction completed. The report is issued to agency and DCS staff.

The following table reflects training results (percentage representing positive results) for each PBC and sub-contractor monitored by PAR during the 2018 fiscal year monitoring cycle. It should be noted that this data does not include all agencies reviewed during fiscal year 2018 since the cycle is still in progress and there are several agencies for which the monitoring report has yet to be published.

Provider	Training Results
Camelot	100%
Centerstone	100%
Free Will Family Ministries	91.8%
Frontier Health	100%
Helen Ross McNabb	97.9%
King's Daughters' School	95.2%
Middle Tennessee Juvenile Detention Center	100%
Parkridge-Valley	91.7%
Partnership	88.6%
TrueCore Behavioral Solutions	100%
Upper Cumberland Human Resources Agency	99.6%
Volunteer Youth Academy (sub-contractor)	99.1%

Licensing: The DCS Office of Child Welfare Licensing is a regulatory component of the Department charged with licensing and regulating all programs operating within the state of Tennessee that meet specific criteria as defined by statute. Similar licensing components exist within other departments, such as the Department of Mental Health and Substance Abuse Services, the Department of Intellectual and Developmental Disabilities, the Department of Health. Regulation involves the application of standards (also referred to as rules and/or regulations) developed by a statutorily-mandated Standards Committee, promulgated through legislative and public hearing and registered with the Tennessee Secretary of State. The rules are subject to review and update through the committee every four years.

Annual onsite surveys are conducted in support of an agency's child welfare license. These surveys include a physical inspection of all facilities as well as a review of pertinent documentation within the agency's personnel, volunteer, child, and foster family files.

During the annual survey a statistically significant sample (generally 15-20%) of records are pulled for review. Documentation of personnel activity, including basic pre-service and annual training requirements, is reviewed for compliance with state licensing regulations. Findings of non-compliance must be addressed and corrected by the agency prior to the renewal of the annual license.

DCS Child Welfare Licensing is responsible for the regulation of any program applying to operate within the State of Tennessee that meets applicable definitions in statute regardless of whether the agency maintains a contractual affiliation with the Department. State licensing requirements are therefore minimum requirements for all licensing agencies and may differ in scope from those required through provider policy for DCS contractors.

In addition to the annual licensing survey, a minimum of at least one unannounced visit per year is conducted at all residential agencies. A smaller sample of agency records are reviewed during these interim visits; and interviews and physical inspections may be targeted in scope; particularly if there have been previous findings or concerns in these areas.

With the exception of the aforementioned initiative within the JDC programs, DCS Child Welfare Licensing does not maintain statistical data regarding compliance among agencies.

Systemic Factor 5: Service Array and Resource Development

DCS Strategic Plan Priorities:

Safety, Health, and Permanency
Learning Organization

DCS Strategic Goals:

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive; Achieve better outcomes for children, youth, and families through continuous learning and systematic improvement.

DCS Objectives:

- 1.1:** Ensure timely and quality assessment and service planning that is trauma-informed and tailored to the unique needs of the child, youth and family
- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 2.1:** Enhance capacity of DCS staff to use and analyze data to inform and improve practice and outcomes
- 2.2:** Ensure integration of DCS data systems with other resources
- 2.3:** Create an environment that provides the workforce with innovative opportunities to develop, maintain or enhance practices to deliver high quality services to children and families

Please refer to pages 66 – 78 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 - 2019 CFSP

There is discussion of the Department's service array and resource development work throughout this report. Below are a few additional areas not previously mentioned. DCS uses the Quality

Assurance (QA) and Performance and Quality Improvement (PQI) processes to ensure all systems align to address the service needs for families and makes modifications as needed.

Evidenced Based Practices

DCS works with the Vanderbilt Center of Excellence (COE) and Therapeutic Foster Care providers on the use of evidenced based practices (EBPs) in the assessment and treatment of children receiving therapeutic foster care services. The goal is to ensure the use of the best EBPs based on the child's individual therapeutic needs, the quality in delivery of these services, and the training and skills of staff needed to implement appropriate treatment. Working in collaboration with the Department, Vanderbilt COE also provides technical assistance in supporting evidence based practice in the multiple program areas of child welfare.

Network Development

Currently, all direct care contracts with those in the private provider network are performance-based and have been for the last seven years. Providers are evaluated based on how well they achieve the outcomes for the youth they serve within the performance period. DCS continues to evaluate each PBC provider on a tri-annual (at the close of every third year of performance) basis to ensure accountability, cost-effectiveness of service provision, and achievement of positive outcomes for children and families as evidenced by both qualitative as well as quantitative performance measurement as defined by DCS. Providers are added in to bands of above average, average, or below average performers. The band each provider falls in to determines their penalty or bonus based on their performance. At the end of this fiscal year, the Department will be at the end of the window and will begin to evaluate penalties and reinvestment bonuses. Chapin Hall will then develop the Baseline Target and Actuals (BTAs) for these outcomes, and the trends will be discussed with providers in individual sessions. Between July 2017 and June 2018, a Level 3 continuum staff secure facility with potential capacity of 60 beds dedicated to serving youth adjudicated delinquent was opened in Dandridge, Tennessee. The provider slowly added the beds to ensure resources to meet the needs. As of the beginning of June 2018, the program was serving approximately 50 youth who are from the eastern part of the state. In addition, in March, 2018, a new 20 bed Level 3 staff secure Psychiatric Residential Treatment Facility (PRTF) for Severely Emotionally Disturbed (SED) youth opened in Roane County.

Network Development continues to collect and use service array data to identify and develop strategies to address regional strengths and needs and to identify and develop strategies to address systemic, state-wide service array issues.

EDGE: Evidence Driven Growth and Excellence

EDGE is a professional development opportunity designed to help leadership and supervisors in regional offices build the skills necessary for using evidence to inform the decisions that shape outcomes for children and families. The curriculum is developed and delivered by Chapin Hall at the University of Chicago, with support from Casey Family Programs.

This program seeks to empower staff by arming them with the very best information available and the analytic skills required to use that information to research and impact factors contributing to outcomes important to the Department. Students learn how to use administrative data to identify permanency outcomes that need improvement and collect evidence to support solid plans for

improving those outcomes. The participants develop profiles in areas with opportunities for improvement.

The annual program eight-month training is in its third year. The first group of leaders, selected through an application process, included both regional supervisors at various levels and Central Office employees. This class graduated in October 2016. The second cohort of EDGE participants consisted of a Deputy Regional Administrator and a staff person with responsibility for data selected by the Regional Administrators from each of DCS's 12 regions. The second class of EDGE participants graduated in October 2017. The third season of EDGE is currently in the middle of the process. This group is a mixture of regional staff chosen by the Regional Administrators and Central Office employees. They will graduate in October 2018.

Family Preservation Contracts

Effective July, 2017 three family preservation contracts were established to provide services to the 12 regions in the state. The contracts total approximately \$4 million per fiscal year. They provide an array of services targeted to family stability or expedited reunification. 2,477 families were served through Family Preservation contracts during SFY 16-17. DCS will not have SFY 17 – 18 data until August 1, 2018.

The services include:

- Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability to build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents, and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit, and providing feedback and coaching to parents during and after each visit.
- Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.
- Family Support services encompass a wide range of flexible and responsive services tailored to the individual child and family's strengths and needs. Specific services include, but are not limited to, parent skill building, teaching and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other service not covered by TennCare.

Because DCS views family preservation services as one of the strongest tools in preventing entry into the system, the Department has strengthened oversight of the program through the addition of a staff member whose primary role is the development and coordination of the relationship between contract providers and regions, along with ongoing evaluation of the efficiency and effectiveness of service delivery.

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DCS has, in nine regions and one county, trained and supported custodial workers and support staff to implement Keeping Foster and Kinship Parents Trained and Supported (KEEP). KEEP is an evidenced-based intervention that helps the Department improve engagement, with and meet the needs of, foster and kinship parents and increases the capacity of foster and kinship parents to manage the needs of children placed in their homes. KEEP aims to increase the parenting skills of foster and kinship parents, decrease the number of placement disruptions, improve positive child outcomes, and increase the number of positive permanency outcomes. An additional two regions are currently participating in readiness activities and will begin full implementation of KEEP in fall of 2018.

DCS has partnered with the Nurturing Parenting Program model developer, Dr. Stephen Bavolek, to develop and implement an intensive parenting intervention, currently implemented in four pilot regions. A pilot in two additional regions demonstrated that direct service provision by DCS staff is not a sustainable modality; therefore, DCS is working to procure NPP services in those regions by the end of the year. Nurturing Parenting Program (NPP) is an evidence-based parenting education program with proven effectiveness in treating and preventing the recurrence of child abuse and neglect. NPP will be offered to families in Tennessee with at least one current open non-custodial case and a child age twelve or under residing in the home. The program utilizes an evidence-based assessment to individualize services for the family, and employs both cognitive and affective activities to encourage and sustain attitudinal and behavioral change, thereby reducing risk and addressing experienced trauma.

When the IV-E Waiver ends in September 2019, Chapin Hall plans to continue the analysis beyond to completion.

Systemic Factor 6: Agency Responsiveness to the Community**DCS Strategic Priorities:**

- Partnerships
- Communication

DCS Strategic Goals:

- Build strong and productive relationships with internal and external partners to better serve children, youth and families.

- Foster trust and credibility with internal and external partners through reliable, accurate, transparent, and timely two-way communication.

DCS Objectives:

- 4.1:** Foster an environment that supports collaboration with all partners at the local, regional and statewide level
- 4.2:** Ensure DCS professionals at all levels embrace stakeholder input and feel responsibility and ownership for partnerships and teaming
- 4.3:** Build understanding with our partners and stakeholders about common goals and shared responsibilities

5.3: Enhance transparency and responsiveness by encouraging open dialogue with stakeholders

Please refer to pages 79 – 84 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 – 2019 CFSP

DCS collaborates with consumers, service providers, foster care providers, the juvenile court, and other public and private child and family servicing agencies to address the goals as established in the Child and Family Service Plan (CFSP). DCS collaboration with consumers is part of policy and practice through the Child and Family Team Meeting (CFTM) process as outlined in the [CFTM protocol](#). There are many examples of DCS' collaboration with service and foster care providers detailed in this year's APSR including the Community-Based Child Abuse Prevention program (CBCAP) program, the Community Advisory Boards (CABS), the Three Branches Institute, and the Children's Advisory Council, Adoption Support And Preservation (ASAP), and others. (Please refer to *Appendix A. Foster and Adoptive Recruitment* for more details about these partnerships.)

All levels of DCS staff coordinate with multi-disciplinary stakeholders in law enforcement, healthcare, education, social service and private providers throughout the state to promote safety, permanency, and well-being for the children and families served by the Department and its partners. DCS meets regularly with stakeholders to discuss initiatives under the CFSP and APSR to identify data elements on child welfare issues to track, adjust, and plan collaboratively. During the Fall of 2017, DCS began focusing specifically on collaborations with partners around the major concerns that were identified during the 2017 CFSR Statewide Assessment and Stakeholder Focus Group and Care Review results. DCS identified through the 2017 CFSR process that it had not effectively engaged external stakeholders to ensure that their voices were heard and incorporated into improvement planning. The Program Evaluation Team has begun identifying external stakeholders to be involved in the new CFSP development and will be developing an engagement plan for those external stakeholders to ensure they are involved in setting goals and identifying strengths and areas of improvement.

Communications

The DCS Communications Office focuses on providing prompt, accurate information for the public and for the Department's 4,000 employees. DCS can be a complicated world to many outside of it, so the Department finds the opportunities to describe and explain its work – whether through one-on-one conversations, social media, websites, town meetings or press stories. The Department recognizes that DCS has important internal audiences and customers too. Many units within DCS come to Communications for advice, support and products needed to work with the Department's staff and partners. The newly redesigned tn.gov/dcs is focused on serving those in the public who might not necessarily understand the workings of a public child welfare agency. Communications produces the Department's social media campaigns and video content. The office is a key partner in the TNFosters.gov campaign to recruit more foster parents and community partners to support children in state care. In addition, an online newsletter "Open Line" (<https://dcsopenline.tumblr.com/>) is distributed weekly to all DCS staff, legislators, and community partners that highlights the weekly happenings at DCS. DCS is also the major contributor to KidCentralTN.com, an easy-to-use clearinghouse of information that connects families with the many services that the state of Tennessee offers to children.

Strategic Planning Process

In order to assess organizational challenges and opportunities, every three years DCS completes a strategic plan. The most recent plan was completed in the summer of 2016. DCS launched a stakeholder engagement process to provide a foundation for the strategic plan in relation to the CFSP. The stakeholder engagement process was composed of individual interviews and focus groups with approximately 140 internal and external stakeholders, and generated a rich foundation of information to use in the plan development.

The strategic planning monitoring is completed through multiple processes. DCS developed the Senior Management Strategic Outcomes Performance Team to utilize an enhanced CQI approach to:

- Ensure implementation of the strategic plan
- Promote alignment of efforts across initiatives toward a core set of child and family outcomes
- Regularly tracking and monitoring progress toward established outcome achievement targets through the review of data
- Serve as a key component of the CQI structure - ensuring improvement planning efforts are taking place at the most appropriate level of the agency to address performance issues

The team includes all areas of senior leadership (Regional Administrators, Regional Investigations Directors, and Juvenile Justice Team Coordinators) and meets the 2nd and 4th Tuesday of the month to discuss relevant data and progress on certain indicators of the strategic plan. In addition, the Executive Director of Performance and Quality Improvement meets quarterly with program areas to update the strategic plan action steps document. The strategic plan and progress is shared in multiple meeting with our community partners and is posted on the website and the Open Line DCS newsletter often includes articles with updates.

DCS will develop a new strategic plan in 2019 to align with the CFSP and support the PIP goals.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 – 2019 CFSP**1. Lead involvement in and promotion of activities during April Child Abuse Prevention Month.**

Update: DCS promotes prevention events through social media and contributes prevention-specific content published on kidcentraltn.com (<http://kidcentraltn.com>). For child abuse prevention month in 2018, DCS staff around the state, alongside numerous community partners, planted pinwheel gardens, sponsored, organized, and participated in fundraising walks and runs, planned and hosted training, and participated in the blue light project, visiting head starts and community centers distributing blue lights to raise awareness about child abuse and to support children and families who are impacted.

2. Evaluate effectiveness of programs serving Tennessee families and children.

Update: The DCS Program Accountability Review team meets with agencies new to the CBCAP program to ensure services are being delivered within the guidelines and requirements of the contract. The Universal Client Satisfaction Survey collects response data from families who

completed a CBCAP program. The survey has been a voluntary tool used by the CBCAP agencies that provide the Nurturing Parenting Program, but will be made mandatory beginning in July 2018 for both Nurturing Parenting Program and Stewards of Children service recipients (Stewards of Children will be using a different tool). Data is reviewed by the CBCAP State Lead and presented to the Advisory Board, and is included in quarterly reporting and in the annual report and application submitted annually to the ACYF.

3. Activities to increase public awareness of pre-prevention services available through CBCAP grants.

Update: In an effort to increase public awareness of prevention services available through CBCAP grants, Regional Resource Linkage (RL) Coordinators continue to add this information periodically to the agenda for discussion and/or presentation at each County/Regional CAB in the State of Tennessee. A directory of CBCAP agencies was developed and distributed to RL staff and CABs which has been used to identify and locate CBCAP services across the state. The addition of the prevention page to the DCS website affords greater accessibility to information about the CBCAP. <http://tn.gov/dcs/topic/prevention-Programs>.

4. Improve statewide communication about the goals and challenges of DCS, increase community awareness of DCS's resources and services, and enhance two-way dialogue with the community.

Update: DCS supports a network of community advisory boards and offers regular opportunities for local citizens to work with the Department and the families in need of assistance. DCS engaged multiple levels of stakeholders in the development of the annual Strategic Plan.

5. DCS works to increase data sharing through the PQI program with stakeholders including, but not limited to regional and YDC PQI teams, Contract Providers, CABs, Court Improvement Program, Child Advocacy Centers, Citizen's Review Panel, Three Branches Institute, among others.

Update: DCS continues to expand the use of data in PQI work with internal and external stakeholders. DCS works with provider partners in monthly Quality Assurance/Quality Improvement meetings and in ongoing regional quality circle teaming to gather input to be incorporated in the Department's planning and reporting. DCS publicly makes available the Annual Report, APSR, and CFSP on the state website and in the Open Line newsletter, and shares these reports with internal and external stakeholders at various community meetings such as Community Advisory Boards, Children's Advisory Council, 3BI, Joint Justice Task Force, QA/Provider meetings, and Grand Regional Provider Meeting, etc.

Systemic Factor 7: Foster and Adoptive Parent Recruitment and Licensing

DCS Strategic Priorities:

Safety, Health, and Permanency
Partnerships

DCS Strategic Goals:

Build strong and productive relationships with internal and external partners to better serve children, youth and families.

Ensure every child and youth achieves timely safety, health and permanency; supported in a family and community where they will thrive.

DCS Objectives:

- 1.2:** Ensure service array and access meets the needs and safety of children, youth and families
- 1.3:** Encourage engaged participation of the family and their team to build and enhance connections and opportunities that support ongoing safety and stability in the community
- 4.1:** Foster an environment that supports collaboration with all partners at the local, regional and statewide level

Please refer to pages 89 – 99 in the CFSR Statewide Assessment for supporting information.

Goals, Objectives, and Interventions to Systemic Factors: Updates to 2015 – 2019 CFSP

Foster Care Recruitment/Retention/Licensing

The Foster Care Division is focused on recruiting and supporting families to foster and adopt custodial children. In recent years, DCS staff has rallied providers, community partners, and foster parents for partnership in recruitment planning. Most recently, (since January, 2017), the Department has partnered with America's Kids Belong (AKB) to bring statewide awareness to the foster parent recruitment, retention, and support message. The partnership, which has received active support from the Governor and First Lady's offices, advocates for strengthened wrap-around roles from faith communities. While DCS staff have the lead for increasing and retaining foster homes, AKB's primary focus is on increasing faith based support systems. Notable 2017-18 fiscal year achievements included:

- All state foster parent support staff and team leaders received two days of specialized training on recruitment and retention from Annie E. Casey Foundation recruitment technical consultants.
- All state foster parent support managers received a one-day training session on how to develop effective and measurable recruitment/retention plans.
- All twelve regions were required to develop recruitment/retention plans effective January, 2018 that utilized the demographics of their custodial population and their current foster parent pool with the application of skills learned in the training sessions. As was expected, almost every region has had to include in the plan the disproportionality issue and the gap in available homes for teens.

- Effective with the current calendar year (2018), all recruitment/retention plans are evaluated quarterly through facilitated discussions with appropriate regional staff.
- Effective January-December, 2017, the Commissioner's Office established a targeted statewide goal for new foster home certifications that challenged regions to open and approve 10% more foster homes than the number that voluntarily closed in calendar year 2016. Statewide, the goal was exceeded by approximately 30%.
- For calendar year 2017, there were 13% fewer voluntary home closures than in the previous year.

Foster Parent Mentorship

The Mentorship program is fully implemented in all regions of Tennessee. From July 1, 2017 to April 30, 2018 there have been 146 active and supportive mentors matched with 367 new foster families across the state. The program continues to expand through ongoing conversations that are facilitated by local foster parent associations. Kinship Coordinators provide mentoring information to all kin-relative homes, and home study writers provide mentoring information to all traditional foster home applicants who complete the approval process. It is DCS' intention that this program will continue to expand statewide in order to provide all new foster families with the additional support they need from seasoned foster parents who understand policy, procedures, resources, and experiences.

Foster Parent Feedback

Over the past 12 months, DCS has requested that DCS foster parents who confirm their payments using the online portal system answer three foster care specific questions during the confirmation process. The survey has yielded several good ideas from foster parents and has provided DCS with some positive comments along with some learning opportunities. The most recent data available covers the period of January through March, 2018 and yielded data in the following three areas:

- 87% of foster parents agree (and 10% somewhat agree) that the child's worker visits monthly, asks them about their needs as a foster parent, and is responsive to needs identified;
- 80% of foster parents agree (and 15% somewhat agree) that the child's worker provides them with permanency plans, Child and Family Team Meeting (CFTM) summaries, educational, mental health and other relevant documents;
- 81% of foster parents agree (and 13% somewhat agree) that the child's worker notifies them of CFTMs and court hearings in a timely manner.

Survey results are shared in monthly and quarterly meetings with foster parent support staff and Family Service Workers as part of efforts to continually address strengths and opportunities for improvement.

In addition to the monthly feedback collected from active foster parents, the Department routinely collects exit survey information monthly from foster families that voluntarily close their homes. The response rate to the surveys typically runs between 60-70% and reflects overall satisfaction with training, support, and responsiveness.

Services Descriptions

Promoting Safe and Stable Families

Out of Home Care (30% Title IV-B Funding Family Preservation)

Children entering DCS care receive services based on a level of care determined by the needs of the child through assessments and finalized in the Child and Family Team Meeting (CFTM). Levels of services include Levels 1 - DCS and Contract Agency Resource Homes; Level 2 and 3 – Contract Agency Resource home and Congregate Care; Level 4 – Sub-Acute Psychiatric Hospitalization; and Youth Development Center placement types. DCS currently maintains a network of 29 private agencies providing out-of-home care and services to children in the custody of the Department and services to their families. Twenty-six of these contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

The DCS continuum model was developed in order to effectuate changes in the way out-of-home services are delivered to children in the custody of the state. The protocol associated with the continuum model affords providers greater flexibility in designing services for children and families, the ability to facilitate rapid movement of children through the service system toward permanency, as well as the ability to customize the delivery of services to children and families in the least restrictive, family-like setting appropriate to needs and strengths in the most cost-effective manner.

The continuum model as implemented in Tennessee is service-based and geared to provide services for successful and timely permanency for children. It provides incentives for placement in the most appropriate, least restrictive, community-based settings. In addition to residential treatment or group home settings, continuum care provides a broad array of treatment and case management services extending to community-based care. These services are delivered by providers in such a way as to meet the clinical, behavioral, and medical treatment needs of children.

Children enter a continuum program at a specified level of care. Currently there are three continuum levels of care provided by contract provider agencies: Level 2 Continuum, Level 3 Continuum, and Level 3 Continuum Special Needs. Continuum services are initially provided to children in DCS custody in a variety of settings but may continue after a child returns home for a period of time to be determined by the recommendations of the most recent Child & Family Team Meeting (CFTM).

A continuum provider is responsible for delivering all services necessary for maintaining the stability of the child and family. That service may be delivered in a variety of treatment settings: a Residential Treatment Center, a group home, a resource home, or in the youth's home receiving in-home continuum services. If an agency is unable to provide a particular service to a child directly, the provider must procure the service from an appropriately credentialed entity. Children cannot be disrupted from their recommended level of care based on an unavailability of services.

The continuum model requires providers to have the full array of services that will appropriately meet the needs of children at the recommended level. The continuum reimbursement rate is set at a specified amount and this amount remains constant throughout the child or youth's span of service in the continuum. The reimbursement rate is set at a level that is targeted to encourage

providers to move children to permanency or least-restrictive settings quickly and appropriately. This rate also remains constant through the application of in-home continuum services.

Many times, in-home continuum services will be the final phase of continuum service application prior to a child's discharge to permanency. As such, it is critical that these services be appropriately applied and closely monitored to ensure not only that permanency is ultimately achieved but also that the family will remain intact after the decision to reunify has been made.

As mentioned above, services applied to a case utilizing the continuum are accessed through the recommendation of the Child and Family Team. In the higher levels of care (Level 3 Continuum and Level 3 Continuum Special Needs) these services are coordinated and provided as a part of the private agency's internal network of services. Service coordination, application and any costs incurred as a result of these services being applied to a case are solely the responsibility of the contracting provider. The application of these services is considered to be a part of that agency's continuum contract and may not be billed to any other entity.

In a Level 2 Continuum scenario, certain therapeutic services may be accessed using existing community providers outside of the contracting continuum agency. It is the responsibility of the continuum contractor to coordinate these therapeutic services, but it is not an expectation that the contracting agency will be responsible for payment. These community-accessed therapeutic services may be billed to TennCare.

Time Limited Family Reunification (20% Title IV-B Funding)

DCS continues to use these IV-B Subpart II funds to support reunification by providing treatment and intervention services to children, youth, and families when the children are: (1) in state custody for less than 15 months, and (2) currently in placement. Children with a goal of reunification who are residing in kinship foster care homes are considered to be "in placement" and are eligible for these funds if they meet all other requirements.

The following services may be provided for parents or children under the auspices of Time-Limited Reunification:

- Non-TennCare covered individual, group, and family counseling;
- Non-TennCare covered in-patient, residential or outpatient substance abuse treatment;
- Non-TennCare covered services such as counseling, homemaker, youth services, parent education services and child care/sitter services;
- Assistance to address domestic violence including child abuse;
- Specialized Child and Family Evaluations relating to child abuse and neglect;
- Therapeutic Visitation Services; and
- Transportation for children or parents to facilitate visitation for parents, children, and siblings.

Adoption Promotion and Support Services (20% Title IV-B Funding)

Adoption services are provided through the Department's pool of regional staff identified as Permanency Specialists dedicated to supporting assigned Family Service Workers, children, and potential adoptive families when children have an identified permanency goal of adoption. The Permanency Specialists serve as a support and supplemental worker to the child's team with expertise in the areas of Adoption and Subsidized Permanent Guardianship (SPG). Additional

supports include a contractual agreement between DCS and Harmony Family Center to provide pre and post adoption support through their Finding Our Children Unconditional Support (FOCUS) and Adoption Support and Preservation (ASAP) programs.

- Finding Our Children Unconditional Supports (FOCUS) (30% Title IV-B Funding Family Support): In an effort to ensure children move quickly towards permanency, all children in full guardianship are reviewed in a monthly tracking and review process known as FOCUS reviews. This process is outlined in Policy 16.31 (D)(4)(d.) and ensures that all children or youth entering full guardianship each month are reviewed to determine whether a permanent family is identified and needed supports and services are in place to ensure timely permanency.
- In 2004, Tennessee began a statewide Adoption Support and Preservation program (ASAP). Based on contractual agreement with the State of Tennessee, Harmony Family Center is responsible for the delivery of ASAP services throughout the state. The ASAP service provision includes crisis intervention, family focused in-home counseling, monthly parent support groups, respite and relief team building, family camps, adoption preparation classes and other educational and enrichment opportunities for pre and post adoptive families. ASAP services are provided at no cost to families that adopt from the public child-welfare agency to include those who have adopted from another state and move to Tennessee. These services are also available to families who have adopted internationally, domestically, or privately on a sliding scale fee basis. In fiscal year 2017-2018, the ASAP Program served approximately 466 clients as of April 2018 and provided additional services including support groups and psycho-educational training opportunities to over 1,369 pre and post adoptive parents statewide. The ASAP Program consists of approximately 30 staff statewide including two Clinical Managers, two Clinical Supervisors and one Program Director.

For pre-adoptive children, there was a disruption rate of 3.6% among families served, and for post-adoptive families there was a 1% disruption rate. The dissolution rate for families who have received post-adopt services is estimated to be less than 1%, however it is difficult to gauge this percentage as families often disengage from ASAP services prior to making the decision to dissolve their adoption.

In the next few years, DCS will continue the contract with Harmony Family Center. We are entering the last year of a five year contract for these services. Additionally, an expansion to the contract was completed in January 2017 with specific emphasis on pre-adoption services and ASAP's delivery of Adoption Preparation training for all DCS and provider families prior to finalization of an adoption. This recent growth and expansion of the ASAP contract continues to solidify future service availability and partnership with Harmony with the goal of providing superior pre and post-adoption services to children and families throughout the state of Tennessee.

Beginning July 1, 2018, DCS, through a contract with Harmony Family Center, will provide pre and post guardianship services for kin and relative families who obtain permanent guardianship of children and youth from DCS foster care. Service provisions include specialized classroom training, crisis intervention, family and individual counseling, support groups, respite, and case management services.

Populations at Greatest Risk of Maltreatment

Drug Exposed Children

Tennessee continues to struggle with children and families impacted by substance abuse and addiction related issues. In 2012, there were approximately 53,000 allegations of abuse or neglect involving drug exposed children and by 2017, the allegations rose to 58,000; with 8,000 of those involving children under the age of 12 months. In tandem with this increase, Child Protective Services (CPS) cases and children entering DCS custody continued to rise. A strategy that was developed and implemented in March 2017 to expedite and modify the response to families with substance abuse issues was the creation of a specialized drug team, which was piloted in collaboration with the University of Tennessee (UT) Hospital in Knox County. The CPS team investigates drug exposed infants born or hospitalized at the UT Hospital who reside in the Knox, Smoky Mountain, or East regions. From March 1, 2017 through February 28, 2018, 380 investigations were conducted. Of the children involved in these investigations, 124 had a Neonatal Abstinence Syndrome diagnosis. The team was able to identify resources and support systems that allowed for 82 infants to be safely placed out of the home with family members or friends under an Immediate Protection Agreement (IPA) with Juvenile Court oversight. In addition to those children placed under an IPA, there were 62 infants (0-1 years of age) that could not be safely maintained with family or friends and were subsequently placed in DCS custody; which compares to 123 infants (0-1 year) during SFY 2017. The specialized team also includes two Family Support Services (FSS) staff that provide support and ongoing case management to monitor the family as needed when the investigation is concluded. As members of the drug team, the FSS staff focus on the dynamics and distinctions of substance abuse and addiction related issues and provide continuity during the transitional period when case management is shifted. It also allows for the ability to build relationships sooner between the FSS case managers and the family as the team is formed earlier in the process.

The need for additional specialization for drug exposed children, and families impacted by addiction, was identified soon after this implementation. The increases in caseloads in the state's northeast region, as well as the need to expand the population beyond just the infants born or hospitalized at UT Hospital, precipitated the creation of two more drug teams. During February 2018, a team was deployed to cover the eight counties in the Northeast region and a second team was assigned to the Knox, Smoky Mountain and East regions working with infants from other regional hospitals. From February 2018 through March 2018, the two new teams were assigned over 150 cases collectively. Prior to the implementation, much preparation occurred to identify staff; provide training related to addiction, relapse, and recovery; and develop or enhance relationships with community stakeholders and providers to offer a more comprehensive approach for those working with families impacted by substance abuse. The partnerships that have developed through this collaborative effort to address drug addiction include public and government funded agencies such as the Department of Mental Health and Substance Abuse, Department of Health, Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS), Tennessee Dangerous Drugs Task Force and the Tennessee Bureau of Investigation. Additionally, regional entities that have been integral in this effort include the University of Tennessee Hospital, East Tennessee Children's Hospital, Vanderbilt Hospital, and numerous regional hospitals located in the rural areas.

It has been critical to align initiatives from other agencies in order to reach the fullest potential for collaboration and not overburden the frontline staff and the families with unattainable expectations.

The Governor's Children's Cabinet created in partnership with DCS and other agencies the Single Team Single Plan, which strives to create a coordinated approach for service delivery and family support. The newly created drug teams have been able to coordinate efforts and agencies to meet the needs of the families and deliver services outlined in a single family plan with input from a more comprehensive team approach.

Another initiative that has provided the opportunity for DCS to enhance its response to families is through the Systems of Care Across Tennessee (SOCAT) administered by the Department of Mental Health and Substance Abuse. The pilot sites they have identified are considered when new initiatives are introduced and regional leadership from different agencies are involved to ensure resources are managed and utilized to optimally meet the needs of the families and children within the specific community. An example of effective collaboration and communication involves the coordination of resources within the newest initiative from DCS for the creation and implementation of the Safe Baby Courts.

Legislation was passed in July of 2017 mandating the Department of Children's Services, in collaboration with the Administration of the Courts (AOC) and the Department of Mental Health and Substance Abuse, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019. The courts will be modeled after the Zero to Three core components focusing on babies from the age of birth through three years with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma, and increasing resource capacity. Prior to the legislation, two jurisdictions were in the process of developing and implementing a Safe Baby Court; Davidson County, which is a large urban district and Grundy County, a rural area with a much smaller population. Davidson County implemented the court in December 2016, however a personnel change and new management of the contract has this court in a holding pattern as they re-establish their protocol and realign their efforts to those with the five other sites across the state. Grundy County has been assigning children and families to this initiative since the fall of 2017.

The Department worked closely with the AOC to communicate the Safe Baby Court expectations, resource capacity, and the practice framework of a Safe Baby Court as outlined in the Zero to Three model with the juvenile court judges. Several jurisdictions expressed an interest in pursuing a Safe Baby Court and in collaboration with the AOC, the sites chosen were Knox county, which represents a large urban area, Coffee and Madison counties representing a mid-sized population and Stewart and Johnson Counties representing the small rural communities. The sites are positioned across the state to also represent the east, middle, and west geography and culture.

Technical assistance from Zero to Three was provided to assist in developing a statewide implementation plan and specifically to explore and focus efforts on tasks that assisted in preparing the jurisdictions for implementation. These included a community readiness assessment, training opportunities, data collection and peer-to-peer support from other states. Zero to Three provided training and technical assistance for the implementation sites with additional support and assistance being offered from stakeholders with the Department of Mental Health and Substance Abuse, the Center of Excellence (COE) and the non-profit agency, the Association of Infant Mental Health of Tennessee (AIMHi TN).

Each site was tasked with creating a core leadership team that represented public, private and community stakeholders to develop the selection criteria for assignment to the Safe Baby Court in their jurisdiction and to create a plan for the practice change and implementation. All sites determined a combination of custodial and non-custodial cases would be appropriate for this initiative and most sites choose to include families impacted by substance abuse or mental health issues. Due to the ongoing development of internal and external resources, as well as the increased intensity of intervention required, the courts are strategically implementing this initiative. Currently there are approximately 30 cases assigned to the various Safe Baby Courts.

The Department, in coordination with the AOC, has committed to providing ongoing support and collaboration with the court coordinators by developing a three-day training curriculum (see attached), which was delivered in May 2018. Additionally, representatives from both DCS and the AOC participate in monthly conference calls with all the court coordinators and then hold individual phone calls with each coordinator monthly to address issues and provide guidance. Court Coordinators are engaging the community stakeholders in meetings to educate key members on the importance of infant mental health, community involvement and the need to develop specific resources to support families and protect young children. Training is also being conducted with the legal professionals in each jurisdiction to further educate those appointed as Guardians ad Litem and parent's attorneys on the Safe Baby Court model, community resources, and the importance of infant mental health for child protection and permanency.

Data collection and documentation is an important component in the Safe Baby Courts that needs to be coordinated across all sites to ensure information and data are consistently captured and collected to evaluate and analyze outcomes. The information systems in the Juvenile Courts in Tennessee are not integrated with each other, therefore data elements were identified and a consistent process for collecting data has been outlined utilizing a variety of existing programs among the jurisdictions. In addition to data collection, the court coordinators are expected to provide the DCS case manager with a monthly summary of activities with the family which is uploaded into the electronic case file system, TFACTS. Preliminary discussions have started with the Vanderbilt Center of Excellence to consider developing an evaluation component and possibly pilot an assessment tool, which will provide a more consistent process for identifying the needs and strengths of children involved in the Safe Baby Court.

Strong and educated community partnerships are integral to implementing the Safe Baby Court model and ultimately to the sustainability of this innovative judicial approach. Each site held initial trainings with community stakeholders and the court coordinators will facilitate regular meetings to update the stakeholders, engaging them in the process and ensuring services are accessible and deliverable to the families within the communities. One example of the efforts to engage community volunteers to support families is in training them to supervise visitation, which will provide more resources to increase visits between parents and infants and promote stronger bonding and attachment. It is the intent of the Safe Baby Court initiative to promote the enhancement and alignment of partnerships which will lead to systemic improvements. Partnerships have already been developed in some communities that resulted in services being delivered within a county that were non-existent prior to the implementation of the Safe Baby Court. Local universities have been contacted to identify opportunities for internships specifically supporting and working with the Safe Baby Court program. With a robust and accessible service delivery system focusing on infant mental health and the specific needs within the families, it is

believed that the outcomes of reducing child maltreatment and decreasing the time to permanency for young children are achievable.

The Safe Baby Court initiative integrates well with the practice changes and federally mandated requirements from the Comprehensive Addiction and Recovery Act (CARA). The identification and coordination of services for infants and caregivers resulting from substance abuse, Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder, and the subsequent planning process, or Plans of Safe Care, is supported by the team approach outlined in the practice within a Safe Baby Court team. In addition to the Safe Baby Court cases, the Department has integrated the CARA mandates into the practice involving substance affected infants. The following activities were necessary to implement the changes as outlined in CARA:

- Reviewed and revised policy to reflect the Plans of Safe Care expectations;
- Developed and delivered training for all staff related to CARA requirements and practice changes;
- Communicated internally and with external partners the mandates and changes in policy and practice;
- Communicated directly with hospital staff and social workers the mandated reporting requirements under Tennessee statute and to strengthen relationships between DCS and the medical partners;
- Participated in ongoing discussions with substance abuse and mental health providers and building partnerships to assist in resource identification, development, and service delivery;
- Developed a data collection mechanism for CARA cases within TFACTS;
- Revised the existing quality review process to capture practice changes related to CARA and to evaluate efficacy and adherence to policy and statute; and
- Provided the Safe Baby Court Coordinators training on CARA and their role in the Plan of Safe Care process.

Commercial Sexual Exploitation of a Minor (CSEM)

The Tennessee Department of Children's Services worked closely with the Tennessee Bureau of Investigation in securing legislation which updated the definition of "caregiver" to include human traffickers. Tennessee Code Annotated, Section 37-1-102, was amended by adding the following new subdivision to subsection (b): "Caregiver" means any relative or other person living, visiting, or working in the child's home who supervises or otherwise provides care or assistance for the child, such as a babysitter, or who is an employee or volunteer with the responsibility for any child at an educational, recreational, medical, religious, therapeutic, or other setting where children are present. "Caregiver" may also include a person who has allegedly used the child for the purpose of commercial sexual exploitation of a minor, including as a trafficker. For purposes of this chapter, "caregiver" and "caretaker" shall have the same meaning. Tennessee did not elect to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

DCS updated investigative policies to include best practices regarding cases involving Commercial Sexual Exploitation of Minors. One addition to policy includes requiring Child Protective Services (CPS) Investigators to contact a local non-government organization that specializes in commercial sexual exploitation within 24 hours or immediately, if the CPS supervisor deems necessary. This change to policy facilitates seamless provision of services to identified victims of Commercial Sexual Exploitation during the investigative process. During this revision process, DCS worked across

programs internally, as well as solicited input from community partners to ensure an effective and efficient investigative and trauma-centered processes. To continue this focus on trauma-informed practice, the Regional Psychologists regularly meet with the CPS Directors to discuss identified trends, new service modalities, and specific barriers raised in these cases.

DCS Office of Child Safety and the Office of Information Technology have worked together to develop enhancements to the statewide automated child welfare system (SACWIS), TFACTS, to collect and report on victims of sex trafficking. A mechanism has been implemented, for the Child Abuse Hotline to flag any report where there is a suspicion of sex trafficking within TFACTS. Additionally, if at any point during an open Child Protective Services case sex trafficking is suspected or confirmed, the SACWIS system will be able to be updated to acknowledge that sex trafficking is a factor. Trainings, policies, and procedures have been updated to educate staff and support these technological updates.

Additionally, the Tennessee Department of Children's Services has partnered with the Tennessee Bureau of Investigations, Vanderbilt Center of Excellence, and Chapin Hall to develop tools in identification, assessment, and service recommendations for suspected and confirmed victims of child sex trafficking. Custodial and non-custodial assessment tools have been updated to provide risk algorithms to drive preventative services as well as identification functionality to track service implementation on known sex trafficking victims. The Department is also facilitating the formation of regional and geographic coalitions to assist in the service provision to sex trafficking victims to establish increased communication and service flow across child welfare, law enforcement, juvenile court, and private stakeholders.

Services for Children under the Age of Five

Monitoring to ensure developmentally appropriate services are provided:

DCS requires that every child under the age of three whose investigation results in a classification of "allegation substantiated" or every child under the age of five who is in DCS custody have a referral for screening and eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE). TEIS develops an Individualized Family Service Plan (IFSP) for children whose assessment indicates a need for services. At age three, TEIS, in partnership with DCS, when applicable, ensures a timely transition to public school special education services. After the child is approved and receiving services, three to nine months before the child's third birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three and exits TEIS.

DCS workers across the state are able to access age appropriate therapies for children, when needed. Many local mental health providers are able to provide therapy to children as young as age three. In cases where it is difficult to locate a provider for intensive needs, DCS staff has access to five Center of Excellence (COE) locations statewide. Each COE provides consultation, evaluation, and assists with coordination of services for children and youth in DCS care with unique mental health needs.

All children in full guardianship, including those under the age of five, are tracked and reviewed monthly to ensure that they are moving timely towards permanency through a process known as FOCUS. The FOCUS process, outlined in Policy 16.31 (D)(4)(d), determines if children entering full guardianship have a permanent family identified and if not the policy requires individualized

recruitment plans, archaeological digs, and posting on Adopt Us Kids. The FOCUS work is tracked monthly.

The first Infant Court in the state is established in Davidson County through Building Strong Brains: Tennessee's ACEs Initiative. Initiated in October 2016, the court offers specialized, frequent contact to encourage affirmative interaction by biological parents with the infant who is in foster care or to determine that the child will not be with the biological parent so that bonding with an adoptive family occurs early. The purpose is to achieve permanency as quickly and safely as possible. A second court is being developed in a small rural county that will start at the beginning of the fiscal year. Legislation was passed in July of 2017 mandating the Department of Children's Services, in collaboration with the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019. The courts are modeled after the Zero to Three core components focusing on babies from the age of birth through to three years with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma, and increasing resource capacity. Prior to the legislation, two jurisdictions were in the process of developing and implementing a Safe Baby Court; Davidson County, which is a large urban district and Grundy County, a rural area with a much smaller population. Davidson County implemented the court in December 2016, however a personnel change and new management of the contract has this court in a holding pattern as they re-establish their protocol and realign their efforts to those with the five other sites across the state. Grundy County has been assigning children and families to this initiative since the fall of 2017. More detail about the establishment of and work with the Safe Baby Courts can be found in the Drug Exposed Children subsection above, beginning on page 112.

The following is a list of additional services available to eligible children under age five in Tennessee, which includes children in DCS custody:

- Special education services are provided by public school systems beginning at age three for children who demonstrate need;
- Early Head Start: Pre-Natal to age three if the family is economically qualified;
- Books from Birth: program providing one free book per month for children under the age of five regardless of income.
- Even Start: An education program for economically qualified families that is designed to improve the academic achievement of young children and their parents, especially in the area of reading. Serves children through age seven.
- Pre-Kindergarten Programs: Voluntary public school programs serving four year olds. DCS has priority status for child placement in these programs.
- Tennessee Head Start-School readiness program for children age four through age five. DCS has priority status for child placement in these programs.

Only a small fraction of children in custody under age five are in full guardianship without a family identified. Generally, children under age five who are without an identified home are part of sibling groups with older siblings who have remaining permanency or wellbeing barriers that delay permanency. The Permanency Division currently holds a monthly FOCUS review of all children in full guardianship who do not have a family identified to ensure their individual recruitment plans are moving as progressively as possible so that children reach permanence quickly. This review process has been very effective in moving children toward timely permanency.

Services for Children Adopted from Other Countries

Since 2004, the Tennessee Department of Children's Services has had a unique, statewide contract with Harmony Family Center's Adoption Support and Preservation (ASAP) Program to provide intensive pre and post-adoption services to children and families. This service is offered at no cost to families who adopt from the public child-welfare system. Additionally, ASAP services are accessible to any family who resides in the State of Tennessee and has experienced adoption through private, domestic or intercountry channels. In SFY 17/18, Harmony provided ASAP services to over 50 private, domestic and intercountry families. ASAP pre and post-adoption services provided through Harmony are delivered by Master's Level Clinicians who are well-versed in numerous Evidence-Based, Trauma-Informed practices and are also able to assist in providing referrals to other community-based services when appropriate.

Program Support

Capacity Building Centers for States

DCS continues to partner with the Capacity Building Center (CBC) to identify and prioritize the needs for capacity building services. DCS worked closely with the CBC during the CFSR Program Improvement Planning Process in 2017. DCS partnered with the Capacity Building Center to plan for the February 15th report-out presentation and meeting, form work groups, determine relevant data for the work groups to utilize, and formulate a data library for the facilitators of the work groups to have in order to understand additional data available to them. The Capacity Building Center consultant reviewed and synthesized minutes from work groups to inform brainstorming and planning for the Program Improvement Plan (PIP). The consultant will be working with a team that will focus on quality assessments to help develop the rationale for the goal and corresponding strategies during July and August 2018. The CBC is working with the DCS Office of Training and Professional Development on developing appropriate trainings around quality Caseworker/child and Caseworker/parent visitation, as well.

Casey Family Programs

Casey Family Programs (CFP) engages in a strong partnership with DCS. They provide technical assistance, consultation, and support to promote various initiatives in order to strengthen the quality and substance in the delivery of services. CFP works with DCS to locate and identify needed resources and materials as well as to connect the Department with other states for peer-to-peer consultation and cross learning. CFP is currently providing the opportunity for four of our Senior and Executive Staff to participate in the Casey Leadership Fellows to promote Leadership Development in the agency.

Casey Family Programs Initiatives:

- EDGE: Evidence Driven Growth and Excellence. A professional development opportunity designed to help leadership and supervisors in regional offices build the skills necessary for using evidence to inform the decisions that shape outcomes for children and families. The curriculum is developed and delivered by Chapin Hall at the University of Chicago.
- Communities of Hope.
- Therapeutic Foster Care Learning Collaborative-Community. An alliance between DCS and Providers to decrease reliance on congregate care and provide residential level of treatment in a community/home setting.
- Title IV-E Waiver implementation and evaluation.

- Three Branches Institute (3BI) to promote policy reform to improve child welfare practice across the state in collaboration with the Executive, Legislative, and Judicial branches represented at the regional and state Levels.
- Safety and Risk Model to promote safety assessment practice at the first point of entry into the DCS system (the Hotline Call Center).
- Strategic Planning Support to strengthen the system capacity to address the full spectrum of system of care. Permanency Round Tables.
- Breakthrough Series Collaborative on Building a Resilient Workforce.
- Exploring work from Eckerd on Rapid Safety Feedback for possibility of implementing in Tennessee Ongoing implementation and support of Rapid Safety Feedback program based on Eckerd Kids Model.
- Jurist in Residence program to build systemic partnerships and improve the working relationships between DCS and our Juvenile Courts.
- Safety Culture growth and development through Leadership Investment and Support. A yearlong learning collaborative aimed at Regional Leadership in order to promote a safe, reliable organization.

Supports with The Tennessee Accountability Center

The independent Tennessee Accountability Center, housed at the Center for State Child Welfare Data at Chapin Hall, was established under the terms of the Settlement Agreement in the *Brian A. vs. Haslam* class action lawsuit. The mission of the Accountability Center (AC) is two-fold. First, the AC will provide the information needed by the public and other stakeholders to understand what happens to children when they are placed in foster care in Tennessee. In turn, this information will help stakeholders understand how the Department of Children's Services' efforts to serve children can be reinforced. Second, the AC, through its work with the Department, will strengthen the systems the Department uses to monitor its performance going forward, beyond the 18-month term of the AC.

Consultation and Coordination between States and Tribes

Mississippi Band of Choctaw Indians

There are no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians (MBOC) possesses a Land Trust in Henning (Lauderdale County), Tennessee on the Mississippi border consisting of approximately 88.15 acres of land; however, the tribe is not established in Tennessee as a federally recognized tribe.

There have been no revisions to Tennessee DCS policy regarding the Indian Child Welfare Act (ICWA) policy 16.24, Native American Children since January 2012. The state is in compliance with the ICWA law with the most recent Title IV-E plan. This grants a retroactive approval for the Fostering Connections Act, to October 1, 2010, and included a revised policy 31.3, Case Transfer Guidelines Between Regions, Agencies, and Facilities, that demonstrates DCS' compliance to ensure seamless transfer of a Native American child to a Tribal title IV-E agency or an Indian Tribe with a Title IV-E agreement.

Indian Child Welfare Act (ICWA) Compliance

DCS continues to maintain Policy 16.24: Children of Native American Heritage. The policy ensures compliance with the ICWA law as it was submitted with the most recent Title IV-E plan. This approval grants a retroactive approval to October 1, 2010 for the Fostering Connections Act. DCS enacted

new Policy 31.3: Case Transfer Guidelines between Regions, Agencies and Facilities as of November 2013, which demonstrates DCS' compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. Tennessee is one of 14 States without a federally or State recognized tribe. Over the past 5 years, less than 1% (47 out of 35,269) of TN's AFCARS reporting populations have a documented tribal affiliation.

Staff determine upon initial contact with the child/family or upon emergency custody of a child's Native American descent or Tribal Affiliation during intake. Staff complete form **CS-0727, Initial Intake, Placement and Well-Being Information and History**. If the child/family identifies as Native American descent or Tribal Affiliation, staff are to follow policy **16.24, Children of Native American Heritage** and verify status with the Bureau of Indian Affairs. If confirmed, staff is to adhere to policy 16.24 to ensure proper notifications to all parties and ensure compliance with the ICWA.

All child cases identified as ICWA are documented in TN's SACWIS system. Tracking of concerted efforts to adhere to policy 16.24 are documented in case recordings.

Current in TN's AFCARS reporting population ($48/38,000=0.00126316$), six cases are confirmed as applying to the ICWA. A review of the six identified ICWA cases reveal that documentation of concerted efforts were vague and did not specifically identify all contacts associated with adhering to policy 16.24.

Continued training through a required CBT would be warranted to address documentation deficiencies related to ICWA case to ensure TN is compliant with ICWA.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

DCS policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. In an effort to provide clear and concise instructions for case worker visits, the protocol describes the people responsible, time frames for the visit, and the purpose of the visit including discussion points to be covered. Along with prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met. The protocol requires that during each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit. The policy and protocol outlines the requirements of case manager contacts with service providers and birth parents. DCS also requires that face-to-face visits and other contacts with children, families, service providers and/or courts be documented. The documentation includes identified strengths and needs related to the case, a description of the discussion, observations and any next steps to be completed.

DCS continues to monitor monthly caseworker visit compliance. To accomplish this, data is provided at regular intervals at the client/worker level to ensure timely entries. Also, DCS continues to publish Regional Scorecards with aggregate data regarding monthly casework contacts.

Tennessee Federal Caseworker Face-to-Face Visits, Federal Fiscal Year 2017	
Total number of children in the data reporting population	12,214
Total number of monthly visits made to children in the reporting population	82,033
Total number of complete calendar months children in the reporting population spent in care	84,741
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	62,951
Percentage of visits made on a monthly basis by caseworkers to children in foster care	96.80%
Percentage of visits that occurred in the residence of the child	76.74%

Child Welfare Waiver Demonstration

The DCS IV-E Waiver demonstration project promotes a vision leading to improved outcomes for children and families. This vision is tied to a theory of change that includes interventions to address parenting support and skills, reducing placement moves in foster care, and quality supervision of direct service staff to reduce rate of entry and length of stay in foster care. DCS selected the Nurturing Parent Program (NPP) intervention as the parenting skill improvement intervention; Keeping Foster and Kin Parents Supported and Trained (KEEP) as the intervention to assist resource parents in keeping the children placed in their care through difficult times and nurturing them through to permanency; and the Family Advocacy Support Tool (FAST) as the noncustodial assessment tool used to support strong casework with families to prevent the need for custodial intervention. Tennessee is confident this service array will increase positive outcomes for infants, children, youth, and families in their homes and communities.

NPP is implemented in four regions of the state. A pilot in two additional regions demonstrated that direct service provision by DCS staff is not a sustainable modality; therefore, DCS is working to procure NPP services in those regions by the end of the year. KEEP is fully implemented in six regions and one additional county. Readiness activities have begun in the remaining regions of the state, and KEEP will be available in every region by the end of the year. Initial evaluation reflects a positive, though not statistically significant, relationship between KEEP and placement stability and a positive, statistically significant relationship between KEEP and permanency. The FAST is fully implemented in the state and continues to undergo enhancements to increase efficacy, ease of use, and application. As a result of the strong relationship with the Waiver evaluators at Chapin Hall, DCS is engaged in ongoing assessment of systems issues beyond the Waiver interventions in order to most effectively align practices, policies, and systems in ways that maximize the effects of Waiver investments.

Child Abuse Prevention and Treatment Act (CAPTA) Annual State Data Report Items

Caseload/workload requirements for personnel, including requirements for average number and maximum number of cases per Child Protective Services (CPS) worker and supervisor:

The CPS staff positions are allocated statewide (for assessment and investigations) with a desired goal that no more than eight new referrals are received per person each month. This ratio can be difficult to maintain due to staff attrition, staff taking Family and Medical Leave Act (FMLA), and staff taking scheduled or unscheduled leave. In 2017, an equity protocol was developed to outline a

process for CPS teams to assist other counties and regions when caseloads and monthly intakes needed to be equalized. Caseload data is reviewed monthly by the Commissioner and Deputy Commissioners and staffing allocations are reviewed regularly to determine any rightsizing needs. In July 2018, legislation will mandate that every case manager maintain an average caseload of no more than 20 cases. Ongoing caseload analysis and staff allocation are underway to prepare for the monitoring of caseloads to ensure compliance.

Plans of Safe Care are developed during a child and family team meeting which should include parents, family supports, providers involved with the family, DCS representatives and others as identified to assist or support the family. A Program Coordinator in Central Office is tasked to monitor the development of the Plans of Safe Care created by Child Protective Services and provide regular feedback to regional supervisors to assist in creating plans that address the appropriate needs of the parents and the infant. When a Plan of Safe Care is developed with the family it will be reviewed and revised as progress is made, when the case is transitioned to another case manager or when situations change that warrant additional action steps. The plans are also introduced into juvenile court proceedings when court activity is warranted.

Ongoing monitoring of the plans of safe care occurs through a CARA spreadsheet, which is maintained by a program coordinator in Central Office with weekly information provided from regional staff on every case involving a child under 12 months of age with a Drug Exposed Allegation. Case notes, assessments and Plans of Safe Care are then reviewed on each case to determine if the infant meets the CARA definition and if so, if the plan adequately reflects the service needs for the infant, parent and caregiver. Feedback is provided to the supervisors and the investigator while the case is still in open status and can hopefully impact the practice, decision making and service planning processes. At case closure or transfer to another program area, the supervisor will review the case notes and the Plan of Safe Care to ensure compliance and accurate service identification and delivery. Gaps in service provision include services and programs targeted for fathers, residential treatment options for mothers and children, accessible mental health and substance abuse treatment options in rural counties, Mental Health providers with a certification in Child and Parent Psychotherapy and affordable child care options to support relative or out of home placements.

The efficacy of the Plans of Safe Care will be evaluated through the Office of Child Safety case review process, which will include a 5% sample of closed cases involving an infant under 12 months with a Drug Exposed Child (DEC) allegation. This oversampling allows for the reviewer to determine if the case was appropriately identified as CARA, and if not properly identified, will provide case specifics for additional training opportunities. The quality review instrument used for this specific review was developed for those cases falling under the CARA requirements to better assess if the plans addressed the needs of the infant, parent(s) and caregiver. The review will occur in October and will be conducted quarterly by leadership and supervisory field staff with a clear understanding of the CARA requirements and the expectations set forth in policy and practice. The aggregated data collected from the case reviews will provide information to assist in the identification of service gaps and locations and will inform leadership of areas needing improvements, gaps in services and where further collaboration with external partners is necessary to address the needs for children and families. Tennessee does not have any technical assistance needs at this time, however after CARA reviews are conducted, there may be some requests at that time.

Sources of Data on Child Maltreatment Deaths

Tennessee is a mandatory reporting state (TCA 37-1-403) and as such, all child deaths that are suspected to be the result of abuse or neglect must be reported to DCS via the Child Abuse Hotline. This information comes from many sources including law enforcement and the medical examiner's office, or any other referent with knowledge or suspicion of a child abuse related death. The Child Abuse Hotline collects initial information regarding the child death and enters it into the SACWIS database. Following the initial report, an investigation is conducted and additional information is gathered and entered. Upon conclusion of the investigation, all of the child death information that has been collected is entered into the database. This information is stored and reported to National Child Abuse and Neglect Data System (NCANDS) annually.

DCS worked with external partners and developed a comprehensive Child Death Review (CDR) process and policy. The process dictates activities required related to notifications, case oversight, and data collection. Additionally, the policy includes a robust review protocol, which culminates into an annual report. The CDR process includes participation of external partners and DCS staff. Additional staff positions were created to support the entire review process and training was created and delivered to every person at DCS. In the area of promoting greater transparency for child protection in Tennessee, a method for sharing child death and near death information publicly was executed using the DCS website in Q4 2013. In 2014, DCS began posting, as available, preliminary information on child deaths to its website within two business days. The process for publicly sharing child death and near death information was enshrined in state law as part of TCA 37-5-107(c)(4). The Child Death Annual Report for 2017 has been reviewed by the Commissioner and posted for public view.

DCS receives information from Vital Statistics, however, this information is usually a year or two behind NCANDS reporting timeframes and does not offer any additional information. With the structure and mandatory reporting requirements set forth by legislation, there is insufficient evidence to suggest that DCS' SACWIS database is not gathering timely and complete information on child deaths that are suspected to be the result of maltreatment. There is no plan currently to change the process for collecting NCANDS data regarding child deaths.

**Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update
Changes to State Law:**

There were no changes in state law that would affect eligibility for CAPTA funds.

Changes to CAPTA Plan/Proposed Funding:

There were no significant changes to the previously approved CAPTA plan or to the proposed use of funds in support of the program areas listed in section 106(a) of CAPTA. Next fiscal year Tennessee will receive and increase in funding of \$968.00 added to the training and consultation line item.

Use of CAPTA Funds for FY 2017:

- a) Funds were used in conjunction with Children's Justice Act (CJA) funds to continue to support the Child Protective Services (CPS) Academy for investigations and assessment case managers in order to improve competencies in the areas directly related to the multi-disciplinary approach to the investigation of child abuse and neglect and to support the multiple response system adopted and implemented in Tennessee. Funds were used to partner with the University of Tennessee, College of Social Work Office of Research and

Public Services (UTSWORPS) to ensure the Citizens Review Panels (CRPs) are meeting federal requirements.

- b) Funds were used to partner with Child Advocacy Centers to provide forensic interviews to those children who were victims of severe child abuse such as child sexual abuse.

CAPTA Funding Purpose and Amount

Purpose	Amount
a. Child Protective Services training opportunities: CPS Academy	\$ 215,000
b. Services to Facilitate the Citizen Review Panel	\$ 55,000
c. Forensic Interviews	\$ 230,000
Total: \$500,556	

Citizen Review Panel Report and Response: See attached for copy of the 2017 CRP Annual Report.

State Liaison Officer:

Carla Aaron, MSSW
Executive Director, Office of Child Safety
UBS Tower, 10th Floor
315 Deaderick Street
Nashville, TN 37243

Information on Child Protective Services Workforce

Basic qualifications, education and training requirements established by the State of Tennessee Department of Human Resources for child protective service professionals:

- Graduation from an accredited college or university with a bachelor's degree and experience equivalent to one year of full-time professional work providing child welfare services including, but not limited to, one or a combination of the following: social, psychological, correctional counseling or case management; volunteer services coordination for a children's service program; and/or juvenile classification coordination. An applicant with no experience may be hired at the entry level under the condition of a longer probationary period of one year, at which time the employee may be eligible for advancement.
- All Child Protective Service professionals have at minimum a bachelor's degree and complete 40 training hours per fiscal year. Training is delivered according to policy 5.2 Professional Training and Development Requirements <https://files.dcs.tn.gov/policies/chap5/5.2.pdf> and required training chart: <https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf>

Gender and Ethnic Description of Child Protective Services Professionals

Gender	Total:
Female	448
Male	68
Ethnic Description	
American Indian or Alaska Native (Not Hispanic or Latino)	0
Asian (Not Hispanic or Latino)	1
Black or African American (Not Hispanic or Latino)	187
Hispanic or Latino	7
Unknown and other	1
White (Not Hispanic or Latino)	320
Total:	529

Education and Experience of Child Protective Services Professionals

This table shows the types of degrees that CPS employees in the Case Manager series hold according to data derived from the information submitted by regional HR staff on their Education and Experience spreadsheets as of June 2018.

Region	Total CM	CM 1	CM 2	CM 3	CM 4	Bachelor Degree	Master Degree	% of CPS CM with Master Degree	MSW	Other	% of CPS CM with MSW
Davidson	65	8	15	31	11	29	14	22%	6	8	43%
East	58	7	14	28	9	47	7	12%	0	7	0%
Northeast	88	4	15	54	15	67	16	18%	8	8	50%
TN Valley	96	18	21	39	18	86	11	11%	6	5	55%
Knox	69	12	19	29	9	59	12	17%	4	8	33%
Smoky	65	13	13	28	11	48	8	12%	4	6	50%
Upper Cumberland	57	2	14	32	9	52	5	10%	1	4	2%
Mid Cumberland	122	14	32	55	21	82	38	31%	6	32	16%
Southwest	58	5	11	32	10	49	10	17%	5	2	50%
Northwest	56	4	10	32	10	54	13	23%	5	8	62%
South Central	68	2	14	40	12	64	6	9%	4	2	67%
Shelby	123	8	46	48	21	89	33	27%	12	21	36%
SIU	37	0	0	31	6	27	7	19%	3	0	43%
Hotline	72	13	39	12	8	57	11	15%	5	6	45%
Totals	1034	110	263	491	170	810	191	18%	69	117	36%

Preventing Sex Trafficking and Strengthening Families

The Tennessee Department of Children's Services worked closely with the Tennessee Bureau of Investigation in securing legislation which updated the definition of "caregiver" to include human traffickers. Tennessee Code Annotated, Section 37-1-102, was amended by adding the following new subdivision to subsection (b): "Caregiver" means any relative or other person living, visiting, or working in the child's home who supervises or otherwise provides care or assistance for the child, such as a babysitter, or who is an employee or volunteer with the responsibility for any child at an educational, recreational, medical, religious, therapeutic, or other setting where children are present. "Caregiver" may also include a person who has allegedly used the child for the purpose of commercial sexual exploitation of a minor, including as a trafficker. For purposes of this chapter, "caregiver" and "caretaker" shall have the same meaning. Tennessee did not elect to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

DCS engages community partners such as Hope for Justice, End Slavery, Second Life, Restore Corp, Grow Free TN Davidson County DA's office, Our Kids, Sexual Assault Center, University of Memphis, University of Tennessee at Chattanooga, Middle Tennessee State University, University of Tennessee at Knoxville, and others to each workgroup meeting and policy review. DCS also partners with the Department of Health and Human Services multistate collaborative for Region 4 for human trafficking. Davidson DA, Davidson juvenile court, TBI and Epic girl coordinated on a grant to validate an at-risk screening tool from July 1, 2016 to June 30, 2017. An additional grant was received to complete the data review with Vanderbilt University. The efforts will be evaluated with the possibility of incorporating the screening tool into practice for detention facilities and law enforcement as a way to quickly identify at-risk and trafficked youth.

DCS updated investigative policies to include best practices regarding cases involving Commercial Sexual Exploitation of Minors (CSEM). One addition to policy includes requiring Child Protective Services (CPS) Investigators to contact a local non-government organization that specializes in commercial sexual exploitation within 24 hours or immediately, if the CPS supervisor deems necessary. This change to policy facilitates seamless provision of services to identified victims of Commercial Sexual Exploitation, during the investigative process. During this revision process, DCS worked across programs internally, as well as solicited input from community partners to ensure an effective and efficient investigative and trauma-centered processes. To continue this focus on trauma-informed practice, leadership in the Office of Child Safety and the Office of Child Health worked with other Southeastern states to develop draft service standards which informed internal draft Scope of Service.

Since July 2016, DCS generates reports on classifications for CSEM using Safe Measures. This report has the ability take into account whether the allegation was identified at the Hotline or by the CPS staff in the field and then whether the allegation was substantiated (the numbers for substantiated, unsubstantiated and unable to complete cannot be directly added together to equal the total number because there may be both a substantiated allegation and an unsubstantiated allegation for CSEM in the same case resulting in some overlap). Referral information is included below the classification data.

All CSEM Cases at Classification

- SIU and All Regions had at least one case
- Total Number of Cases: 249
- Total Number of Alleged Child Victims (ACV): 168
- Total Number of Alleged Perpetrators (AP): 211

Substantiated CSEM Cases at Classification

- SIU and All Regions had at least one case
- Total Number of Cases: 87
- Total Number of ACV's: 95
- Total Number of AP's: 114

Unsubstantiated CSEM Cases at Classification (AUPU)

- SIU and All Regions had at least one case
- Total Number of Cases: 54
- Total Number of ACV's: 60
- Total Number of AP's: 74

DCS uses a Hotline model to accept reports of suspected child abuse or neglect. As part of the call process, a Structured Decision Making (SDM) tool is used to assist in determining whether the information gathered meets criteria for assignment. The SDM tool and cue questions used to gather information have been updated to prompt the case managers taking the information to explore whether there is a suspicion of sex trafficking.

DCS Office of Child Safety and the Office of Information Technology have worked together to develop enhancements to the statewide automated child welfare system (SACWIS), TFACTS, to collect and report on victims of sex trafficking. A mechanism has been developed, and is ready for implementation, for the Child Abuse Hotline to flag in TFACTS any report where there is a suspicion of sex trafficking. Additionally, if at any point during an open Child Protective Services case sex trafficking is suspected or confirmed, the SACWIS system will be able to be updated to acknowledge that sex trafficking is a factor. Trainings, policies and procedures have been updated to educate staff and support these technological updates.

Additionally, DCS partnered with the Tennessee Bureau of Investigations, Vanderbilt Center of Excellence, and Chapin Hall to develop tools for identification, assessment and service recommendations for suspected and confirmed victims of child sex trafficking. Custodial and non-custodial assessment tools have been updated to provide risk algorithms to drive preventative services as well as identification functionality to track service implementation on known sex trafficking victims. DCS also facilitates the formation of regional and geographic coalitions to assist in the service provision to sex trafficking victims to establish increased communication and service flow across child welfare, law enforcement, juvenile court, and private stakeholders.

Services to Substance Exposed Newborns

With the implementation of the Safe Baby Courts, the expansion of the drug teams in east Tennessee, and the implementation of the Comprehensive Addiction and Recovery Act (CARA) requirements statewide, a significant amount of effort has been placed on developing relationships with community providers directly related to substance exposed newborns. Emphasis has been

placed on the issues related to addiction, recovery and relapse, and developing the needed resources to respond to the needs of the infants and the caregivers while ensuring child safety is not compromised. Involving the Juvenile Court system and creating a team approach to work with families has been a priority, and central to the engagement with the family is the development of Plans of Safe Care or Permanency Plans to outline the service delivery and expectations for the family and the team members.

Leadership from the Commissioner down to the regional supervisors has been involved in determining the gaps for service delivery and engaging external partners in solutions. In Knoxville, agencies were identified to provide alcohol and drug assessments in the hospital prior to the mother's discharge to assist the CPS worker in safety planning and identifying resources to support the mother immediately following the birth of a child. In other areas, resources and agencies were identified to engage the fathers in the addiction recovery process and ensure they had the opportunity to be actively involved with the newborn. These same agencies were also available for case consultation and to provide training and support to frontline CPS staff regarding addiction issues, realistic expectations from caregivers, and coordination of services. Agencies were solicited to assist in providing an increased amount of supervised visitation in counties where Safe Baby Courts were implemented. The expectation of an increased amount of visitation will result in the likelihood of reducing trauma to the newborn if separated from the mother and promote attachment and bonding when they are safely reunited. Partnerships with faith-based organizations are being sought in some communities and are an example of partnerships that have not historically been involved in assisting child welfare and child protection. With the expansion of Systems of Care Across Tennessee (SOCAT) through the Department of Mental Health and Substance Abuse, opportunities are given to DCS to strengthen partnerships and have active involvement with other public and private agencies.

Chafee Foster Care Independence Program (CFCIP)

Background

The DCS Chafee Foster Care Independent Living Program (CFCILP) provides services through its Independent Living Program (ILP) and monitors the provision of Extension of Foster Care (EFC) Services. As a part of the federal mandate, this division is charged with building a network of appropriate supports and services identified in the Tennessee Department of Children's Services Child and Family Service Plan (CFSP) 2015-2019 for youth transitioning out of care and for those who are likely to remain in care.

DCS uses Chafee Foster Care Independent Living Program funds to staff Independent Living Program Specialists (ILPS) within each of Tennessee's 12 regions. The DCS ILPS work directly and collaboratively with Family Service Workers, foster parents, contract providers, and youth. The DCS ILPS are responsible for local program coordination, service delivery, community resource development, and training and on-going consultation to DCS and contract agency staff, resource parents, and youth. Although the primary function of the ILPS is to provide support and technical assistance, they also provide direct services and support to youth and young adults through life skills training, coordinating establishment and tracking of Extension of Foster Care Services, processing the Independent Living Allowance, assistance with financial aid (FAFSA), Education and Training Vouchers and other scholarship applications, and support and coordination of statewide youth leadership boards including Youth 4 Youth.

Notable accomplishments include:

- In the fall of 2017 DCS IL staff explored creating an increased independent living allowance (ILA) rate for parenting youth. After completing a fiscal and program analysis and proposing the expansion with senior staff, the decision was made to implement an additional ILA rate at 50% more than the standard ILA rate. This new rate will be available for youth beginning July 1, 2018 coinciding with the State Fiscal Year and annual contract schedule.
- In early 2017 DCS IL submitted a proposal to the Jim Casey Youth Opportunities Initiative for funding to expand TN's Personal Responsibility and Education Program to include a male-oriented sexual health, family planning and healthy relationships curriculum in each Tennessee Resource Center. DCS was awarded a grant of \$20,000 to use for the identification, training and implementation of a chosen curriculum. The Department is currently researching curriculum options and plans to have the program up and running by the end of the 2018 calendar year.
- DCS IL began an exploratory process to analyze fiscal and program impact of expanding Extension of Foster Care eligibility to include work-related criteria as outlined in the Fostering Connections guidelines. DCS IL partnered with the Jim Casey Youth Initiative who funded consultant work through Main Spring Consulting Agency. This analysis is currently in process and is slated for completion in July 2018 when Main Spring Consulting will review results of the analysis with senior staff.
- DCS IL expanded the Peer Advocate contract with the Administrative Office of the Courts for a five year period and increased the annual funding amount by 36%. The additional funding was used to increase stipend and reimbursement amounts to youth serving as peer advocates.
- Extension of Foster Care (EFC) Services were provided to 743 youth in State Fiscal Year 2017. This reflects the total youth participation, regardless of the year they accepted services. This was lower participation than the prior year, but participation appears to be on track to increase again for State Fiscal Year 2018.
- In FY 2017, the mean days youth received EFCS were 284 days, an increase from 259 mean days in 2016 and 255 days in 2015. DCS continues to evaluate supports needed to increase retention of youth in Extension of Foster Care Services.
- The rate of participation of those eligible for Extension of Foster Care Services decreased from 48% in 2016 to 44% in 2017.

IL Services Received by Youth SFY2017

- 743 received Extension of Foster Care Services
- 1,659 received Youth Villages Life Set services
- 483 received a DCS-administered scholarship (Education Training Voucher or Bright Futures)
- 433 in DCS custody received Independent Living Wraparound Services
- 316 in Extension of Foster Care Services received Independent Living Wraparound Services

The eight Chafee Foster Care Independence Program (CFCIP) purposes, applicable to the FY 2017 grant award are to:

1. Help youth likely to remain in foster care until age 18 transition to self-sufficiency by providing services.

The Office of Independent Living is committed to ensuring DCS has the program structure and resource availability to provide each youth in foster care age 14 and older reasonable access to a range of supports, services, experiences and opportunities critical to healthy adolescent development that will help successfully transition them to adulthood.

DCS maintains the expectation that all youth 14 to 16 years of age will:

- take on increasing levels of responsibility caring for themselves;
- learn a comprehensive set of basic self-care skills such as cooking, cleaning, health, and hygiene habits, etc.;
- receive introductions, guidance and practical experience with budgeting and money management;
- and, perhaps most importantly, participate in social interaction opportunities, recreational activities, and pursue interests that build relationships, confidence, and competence.

For youth ages 14-16, the development of independent living skills is accomplished through providing youth a wide range of age-appropriate, normalizing, and maturity-building opportunities and experiences typical and expected of a youth in a reasonably well-functioning family. Beginning when a young person reaches the age of 17, DCS ensures assessments, case planning, and service provisions are intensive and specifically organized around the nine core competency areas important to a youth's successful transition to adulthood: education, housing, health, transportation, financial skills, employment/job skills, life skills, social skills and communication skills. Consistent with federal requirements, these nine competencies create the foundation of transition plans for 17-year-olds to specifically address these critical areas.

The annually held foster parent conference offers trainings for foster parents that incorporate a variety of subjects related to caring for teens including, but not limited to;

- Knowledge for Fostering Adolescents
- Success Beyond 18: Transitioning Youth to Adulthood
- Tough Topics from Teens: Answering Difficult Questions
- Truth and Consequences: Helping Teens Make Decisions Based on Future Goals
- Foster Care to Freshman: College and Career Mindset Workshop
- Cyber bullying and Sexting

DCS continues to conduct credit checks for youth 14 to 18 years of age using an automated process, and requests that the credit reporting agencies and businesses clear errors and instances of identity theft or fraud. DCS conducts manual credit checks as needed under special circumstances. A report that is generated daily tracks the automated credit checks and results, and case workers' credit check discussions with youth.

DCS implemented Consumer Financial Protection Bureau's *Your Money, Your Goals Toolkit* (YMYG) to DCS staff, providers, foster parents, and youth. The training focuses on how to use the toolkit's modules and supporting tools that compliment appropriate foster care program outcomes. Training is conducted through a direct training model for both government employees and relevant staff in private agencies that are under contract with the state or county program. In SFY18, 41 DCS staff and 28 foster parents have received the training on topics including:

- Credit Reports: Provide training on how to access the free annual credit report and how to correct inaccuracies found on the credit report. CFPB will also work with the credit reporting agencies to simplify the credit reporting requirement for child welfare agencies.
- Transaction Accounts: Provide training on how to support transitioning youth in opening a transaction account with a bank or credit union or selecting the appropriate prepaid card.
- Savings: Provide training on strategies to help transiting youth develop savings plans and understand the positive benefits of savings.
- Consumer Protection: Provide training on basic consumer protection issues and help human service staff to better understand these protections and where to get help.

Additional information about YMYG can be found at <https://www.consumerfinance.gov/educational-resources/your-money-your-goals/>.

DCS IL staff provided training from July 1, 2017 to May 25, 2018, as follows:

Training Group	Number Trained
Community Partners	41
DCS Staff	386
Foster Parents	159
Juvenile Court Judges/Magistrates/Personnel	217
Provider Staff	102
Total Trained	905

Data for State Fiscal Year 2018 (July 1, 2017 to March 1, 2018):

There were 1,218 individual youth and young adults who received Independent Living Services from DCS or an agency contracted by DCS. An individual may have received multiple services from across the spectrum of what is provided under the umbrella of Independent Living Services. This includes IL services administered to youth in DCS custody, Extension of Foster Care Services, youth who exited DCS custody to Adoption and Subsidized Permanent Guardianship, Youth Villages Life Set Services, and the DCS administered scholarships: the Education and Training Voucher (federally funded) and Bright Futures Scholarship (state funded).

DCS continues to provide services via the use of “wraparound” or “flex funding, and private provider contracts. Items covered include everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, summer school) to driving related expenses (such as driver’s education classes). The following summarizes the use of such wraparound funding for youth ages 14-19 in DCS custody between July 1, 2017 and March 31, 2018:

Independent Living Wraparound Services Provided to
Custodial Youth Ages 14-19

Instances of Service	281
Number of Youth Served	194
Total Expenditures: \$46,593.15*	

*Discussions with state fiscal staff resulted in an amended understanding about the viable payment statuses. This year's data, and future reporting, will include all payment statuses considered to be interpreted as viably paid, which includes payments fully processed in the SACWIS (TFACTS), and sent to the state's enterprise payment system (EDISON).

2. Help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment.

DCS places a strong emphasis on employment and employment readiness of youth in custody to address feedback from National Youth in Transition Database (NYTD) surveys and Child and Adolescent Needs and Strengths (CANS) assessment data. DCS continues to work on improving systems in TFACTS to capture NYTD Independent Living services, career preparation and employment programs or vocational training and to determine the number of youth who received or are receiving related training and services while in custody. DCS acknowledges youth are employed and receiving training and support, but at this time there is not a reliable mechanism to track accurately in TFACTS as a service.

Youth Villages (YV) LifeSet employs specialists who work with youth to develop skills and knowledge needed to obtain employment. Specialists teach youth how to correctly fill out employment applications by completing mock applications with them. Specialists assist youth in job searching via internet portals and in-person inquiries and turning in applications to employers. Youth are taught how to engage and speak with potential employers and how to follow-up with potential employers. Once a youth is employed, YVLifeSet Specialists teach and role play job maintenance skills. If approved by the youth, specialists are given the opportunity to speak with the youth's employer to assess their skills and work on any deficiencies to ensure job stability.

Stepping Stones is a vocational training program through our Youth Connections (YC) Resource Center that assists youth with career planning, job readiness training, resume writing, and job applications. Upon enrollment, each youth is given a career inventory/assessment which the Job coach will then use while working with the youth to assist them with their short-term job search and long-term career planning. DCS also uses speakers and volunteers from multiple professions so that youth can learn about labor market trends and the skills they must obtain to qualify for employment. DCS also has weekly classes that cover various career planning topics.

The Resource Centers in Chattanooga and Memphis have informal success coaches (case managers) that speak with the young people once per month. The case managers always ask about housing, employment, education, and transportation. If the young person is unemployed or underemployed, they begin to send them the weekly job listing log via email or make an appointment for them to come to the office where they can pick up the current Memphis/Shelby County or Chattanooga Job listing and apply for the jobs using the computers there.

DCS is committed to ensuring that 90 percent or more of youth discharged from foster care because they reached the age of 18 shall have at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training or employed full time. Through a sample review in SFY2017, 89% of youth reviewed had one of the above mentioned educational or vocational circumstances at the time of discharge.

3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions.

DCS provides youth who were in foster care or who have aged out of foster care opportunities to receive a variety of continued supports and services beyond age 18 through the Extension of Foster Care (EFC) program.

The Education Division of the Department of Children's Services (DCS) advocates for students in state custody who are educated in Youth Development Center (YDC) schools, provider in-house schools, and public schools. The Education Division's caregiver/advocacy efforts include attending educational meetings, consulting with DCS staff, resource parents, and schools, as well as, providing educational training to departmental personnel and schools. From July 1, 2017 through March 31, 2018, the Education Division provided consultation to Child and Family Teams, Family Services Workers (FSWs), and public/non-public schools over 43,800 times. Education staff participated directly in more than 1,650 Child and Family Team Meetings and nearly 1,100 Individual Education Plan (IEP)/504 Meetings. Additionally, the Education Specialists advocated for students in over 100 disciplinary hearings and 100 specialized Foster Care Review Boards. Staff also provided 189 educational training sessions for approximately 2,000 surrogate parents, resource parents, FSWs, and school staff.

Both the Youth Development Centers (YDCs) and the provider in-house schools provide a full high school curriculum that leads to a regular high school diploma. Opportunities for credit recovery, self-paced learning, and mastery learning are also made available. In instances where students leave a YDC or a provider in-house school prior to completing graduation requirements, there are 15 Education Specialists across the state (at least one in each DCS region) who help students transition back into public schools or into adult education programs to finish their course work and earn a regular high school diploma. DCS staff, provider in-house schools, and public schools are trained to consult these Education Specialists to assist in the transition process.

The Administrative Office of the Courts (AOC) continues educating and training court personnel and Foster Care Review Board members on the importance of using educational questions, record reviews, and support services to ensure educational goals of youth are on track and obtained. The AOC kicked off a pilot project in partnership with DCS central and regional offices, juvenile courts and metro and higher education partners to improve the quality of work in specialized EFC Foster Care Boards and 17+ Foster Care Review Boards in Davidson and Maury County. This pilot is focused on improving educational and other case data provided by DCS to assist the boards in making better assessments of a youth's point of transition and in turn make better recommendations, provide high quality training for DCS, court and board members on engagement techniques, secondary and post-secondary planning, and other transitional planning. This pilot has continued to be developed through the year.

DCS continues to promote educational opportunities for youth in custody and those who leave custody at an older age. During FY 2017, 444 youth and young adults obtained high school diplomas or an equivalency. Three hundred twenty four custodial youth obtained a high school diploma (247) or HiSET (77). Of the custodial youth, 69 were placed at Youth Development Centers and obtained a high school diploma (41) or HiSET (28). One hundred twenty young adults receiving Extension of

Foster Care Services obtained a high school diploma (109) or HiSET (11). In FY 2017, 29 completed post-secondary education.

The National Youth in Transition Database (NYTD) collects information on youth in foster care (via a survey) who are 17 years of age, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth at that time and then again when a sample of the youth who completed surveys turn ages 19 and 21. This follow up sample consists of youth who exited foster care at age 17 or who aged out of foster care.

DCS uses the National Youth in Transition Database (NYTD) data to help understand the circumstances of our transition-aged youth. The most recent sample of 21 year old young adults collected October 1, 2017 to March 31, 2018 showed that 74% reported having finished high school or obtained a GED/HiSet, 8% reported completing a higher education degree or obtaining a vocational license or certificate, 3% reported they were still attending a secondary educational program, and 38% reported being employed full or part time.

Comparison of the 21 year old follow up data (most recent NYTD survey data) with the comparable 19 year old follow up data (the NYTD 2016A and NYTD 2018A submissions) demonstrates an overall increase in educational attainment, from 42% of respondents reporting completion of an educational goal (only high school or HiSET completion was reported during NYTD 2016A) to 74% reporting completion of high school, obtainment of a GED/HiSet or a post-secondary educational goal. 48% forty-eight percent of the respondents in the age 19 population reported being enrolled in an educational program at that time and 41% reported being employed full or part time (42% percent at age 21). (71% of the respondents at age 21 also participated in the NYTD survey data collection at age 19 as part of the 2016A period submission.)

DCS is Tennessee's designated administrator of the Education and Training Vouchers program. The Office of Independent Living staffs a full-time Scholarship Coordinator who manages ETV and State-funded scholarships. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs they are enrolled in. The Scholarship Coordinator reviews this information and establishes ETV awards accordingly. The program continues looking at ways to maximize the impact of funding and involve communities and individual colleges and universities in providing increased opportunities for this population. DCS compiles data on ETV including unduplicated number of ETV's awarded each year. Data is continually under review to help determine fluctuations in ETV awards, identify the factors affecting this, and to inform strategies for maximizing use. The Bright Futures State Funded Scholarship awarded through the Governor's Office continues in the coming year, and \$500,000 is the amount the State Legislature has allocated toward this program. This past year, DCS implemented an increased outreach and engagement strategy targeting adopted and subsidized permanent guardianship youth through regular and timely mailings including a letter from the Office of Independent Living and additional information about ETV availability to inform and remind the family and youth about these funds. DCS IL has received an increased number of inquiries in response to these mailings and is currently evaluating data to see if there has been an increase in ETV funding for this youth population. DCS continues commitments to increasing the retention rate of youth enrolled in post-secondary programs through an informed awareness of issues and barriers preventing youth from maintaining school enrollment. DCS IL staff and provider partners assist youth in preparing for and remaining in post-secondary programs by offering college tours,

encouraging Tennessee Promise participation, and partnering closely with the Tennessee Board of Regents to identify and address challenges.

Former foster youth who do not meet requirements for DCS services due to age or other factors are provided information for and encouraged to participate in the TN Reconnect. TN Reconnect is Governor Bill Haslam's initiative to help more of Tennessee's adults enter higher education to gain new skills, advance in the workplace, and fulfill lifelong dreams of completing a degree or credential. More information about TN Reconnect can be found at <https://www.tnreconnect.gov/>.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.

DCS continues to identify partnership opportunities and expand services and activities of mentors and volunteers to help assist young adults across the state. DCS is working to enhance TFACTS capability to capture NYTD Independent living services to understand the number of youth connected with a mentor. DCS performance-based contractors use mentors for youth placed in high-level or congregate care settings. Youth Villages and Monroe Harding are examples of agencies that continually recruit mentors to support their youth.

The Youth Villages (YV) Scholars program provides the opportunity for young adults in transition from foster care to receive support to advance in the areas of education, technical skills, employment, and community service with the help of a Youth Villages employee mentor. Young adults that are enrolled in school full time and that are enrolled in YV LifeSet are encouraged to apply to the Youth Villages scholars program. There are currently 55 active YV scholars across the state.

DCS supports efforts to connect youth with opportunities for interaction with peers and mentors through a variety of one-time and ongoing events. Each year DCS IL requests regional nominations for youth to become ambassadors for the Youth Leadership Institute offered through the Jim Casey Youth Initiative. During the event, young leaders have opportunities to deepen their understanding of the Jim Casey Initiative's Theory of Change, and to learn to use Jim Casey Initiative data and their life experiences with child welfare systems as advocacy tools. Because of the Youth Leadership Institute, young leaders are able to expand their knowledge of current policies that young people and partnering states have identified as being critical to galvanizing public will to better focus on needed reforms. Upon completion of the Youth Leadership Institute, the young leaders can elect to become a part of the Fellowship, a group of young adults who have been professionally trained and are ready to give recommendations for improving child welfare systems.

A project is also in progress to update the permanency planning functions in TFACTS. As part of this update, a concerted effort is being made to enforce federally mandated components of Independent Living and Transition planning. This includes implementing a system validation to ensure that at least one action step is added to the permanency plan for all youth and young adults age 14 and up that addresses mentoring relationships. This will ensure that case workers consistently address this need, and that progress is reviewed by the courts and Foster Care Review Boards.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.

DCS IL helps youth in foster care and aging out of foster care prepare for adulthood to become empowered, confident, competent, and productive individuals. This is accomplished through providing services, building independent living skills, connecting youth to caring adults, providing opportunities to acquire leadership skills through using Chafee dollars, state funding and leveraging partnerships with providers and community supports. DCS participates in Extension of Foster Care Services pursuant to T.C.A. § 37-2-417. Tennessee's Transitioning Youth Empowerment Act of 2010 (as amended by Public Chapter 653) allows Tennessee to take advantage of several components of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. As outlined in Tennessee's approved IV-E Plan modification, the following categories of eligibility for Extension of Foster Care Services are established in DCS policy:

- Completion of high school or an equivalent (secondary) educational program;
- Enrollment in a post-secondary educational program; and
- Inability to establish one of the above requirements due to a medical condition.

Number of Eligible Extension of Foster Care Youth and Acceptance Percentages

Fiscal Year	Total Aged Out/Emancipation	Total Aged Out Eligible for Extension of Foster Care Services (EFCS)	Eligible Population Accepting EFCS	Percent uptake rate accepting EFCS
FY 2008-09	1209	*	*	*
FY 2009-10	1162	*	*	*
FY 2010-11	1131	813	163	20%
FY 2011-12	1084	748	201	27%
FY 2012-13	1017	768	301	39%
FY 2013-14	984	779	312	40%
FY 2014-15	932	731	353	48%
FY 2015-16	996	815	388	48%
FY 2016-17	935	793	349	44%

Data Source: TFACTS

In FY 2017, the mean days youth received EFCS were 284 days, an increase from 259 mean days in 2016. TN DCS will continue to evaluate supports needed to increase retention of youth in Extension of Foster Services. DCS IL does know that the two main reasons for termination of services continue to be youth not maintaining academic eligibility, and youth requesting termination of services. DCS IL has held two webinars on "EFCS Quality Case Management" to help EFCS staff improve their engagement and practice with the young adult population.

Mean, Median, Mode of Days Youth Received Extension of Foster Services per Region

Region	Mean (Days)	Median (Days)	Mode (Days)
Northwest	270	208	140
Southwest	307	264	0
Shelby	376	298	94
Davidson	302	231	0
Mid Cumberland	226	186	214
South Central	221	180	28
Upper Cumberland	318	269	1096
Northeast	210	149	0
Knox	255	189	0
East	212	120	0
Smoky MT	257	162	85
TN Valley	426	328	1096
Total (Days)	284	209	1096

Data Source: TFACTS

The table below presents the placement services that are available to young adults receiving Extension of Foster Care Services. Additional data has been added to report the number of youth served and number of placements at each level of service, for state fiscal year 2016-17 (some individual young adults received more than one type of placement service during FY 2017). The Independent Living Allowance Services are foster board payments made directly to young adults who are living in supervised independent living settings not otherwise supported with payments from DCS (living independently in an apartment with case management, for example). The placement services are determined via decisions made by the young adult and their teams, and supported as needed by results from assessment such as the Child and Adolescent Needs and Strengths (CANS). Higher level placements with increased therapeutic/clinical supports require approval by the Regional Administrators and Director of Independent Living, and are reviewed more frequently to determine options for assisting young adults with moving into more independent and community-based living arrangements. DCS ILPS has developed the Supervised Independent Living (SIL) scope for the Provider Policy Manual (PPM). This will help provide guidance to providers that are serving young adults in this type of setting. DCS IL is reviewing safety of placements annually, but is going to settings more often.

There were 307 EFC young adults in foster care placements and 447 EFC young adults receiving the Independent Living Allowance at some point during FY2017.

EFCS Placement Service	Number of Young Adults Per Service (some in more than one placement during the Fiscal Year)
Regular Rate Extension of Foster Care (IL Allowance)	436
Contract Foster Care Extension of Foster Care	120
Independent Living Residential Extension of Foster Care	74
Regular Board Rate Extension of Foster Care	63
Level 2 Continuum Extension of Foster Care	23
Continuum: Level 3 Special Needs Extension of Foster Care	20
Graduated Rate Extension of Foster Care (IL Allowance)	17
Level 2 Special Needs - Mental Retardation Treatment Extension of Foster Care	5
Level 2 Congregate Care Extension of Foster Care	4
Level 3 Continuum Extension of Foster Care	4
Level 3 Extension of Foster Care	4
Level 4 Special Needs Extension of Foster Care	4
Extraordinary Rate Extension of Foster Care	3
L3 AS-ND PRTF MID Extension of Foster Care	3
Level 2 SN Continuum Extension of Foster Care	3
Level 2 Special Population - Education Extension of Foster Care	1
Level 3 Enhanced Sex Offender Treatment Extension of Foster Care	1
Total Individuals Served	666

Below are considerations for episodes where placements were not reported during the EFCS episode.

38	Had an EFCS episode during the Fiscal Year but no EFCS placement
6	EFCS episode ended on or after July 1, 2016 and the placement service ended on or before July 1, 2016. The last payment date was in the last fiscal year (ending June 30, 2016)
33	EFCS placements existed during the Fiscal Year but no payment records in a valid reporting status until after July 1, 2017, or at all
0	EFCS episode started during the Fiscal Year but the placement started after the Fiscal Year
77	Total

DCS continues to provide other supportive services via flexible or “wraparound” funding to young adults (ages 18-21) receiving Extension of Foster Care Services. Between July 1, 2017 and March 31, 2018, 120 youth were served, and 194 instances of service were provided totaling \$55,499.20 in expenditures.

Services for Special Needs Populations

DCS policies 19.7 and 19.8 prescribe procedures necessary to assist youth with special needs, specifically behavioral health issues and developmental disabilities, with the transition to adulthood. This includes assistance with applications for SSI, assignment of community mental health case managers (as applicable), and assessment for transition to the state’s Employment and Community First CHOICES (ECF CHOICES) program. This is a newer program for people with intellectual and Developmental Disabilities (started January 1, 2017), replacing the previous Department of Intellectual and developmental Disabilities (DIDD) program. Adults incapable of pursuing secondary or post-secondary educational goals due to a disabling condition can participate in this program in order to further support them through their transitions. Transitional Living grant services can be provided as an additional support for young adults with special needs, per that program’s assessment criteria. DCS IL has been working closely with representatives from TennCare, Blue Cross Blue Shield, SSI benefits, Projection Transitions, and other DCS offices to develop better transitioning strategies that ensure youth who age out of custody transition to adult services as close to their 18th birthday as possible.

Program Exits

DCS IL continues to understand that support is needed to increase retention in its programs for older youth. DCS continues to evaluate supports needed to increase retention of youth in Extension of Foster Care Services, and time in service continues to increase slightly. The top two reasons for exits continue to be academic issues and self/voluntary discharge.

The categories below indicate the number of youth exits from Extension of Foster Care Services during SFY17, organized by most reported to least.

• Academic	221
• Self/Voluntary	88
• Unable to Locate	44
• Turned Age 21	29
• Transitions to Adult Services	22
• Successful Completion of Ed. Program	12
• Risk to Self/Others	4

Youth Villages LifeSet

The Youth Villages LifeSet program is designed to assist young adults between the ages of 17 and 22 who are transitioning from child welfare and juvenile justice services to adulthood in learning the skills needed to live successfully. A successful transition could include maintaining safe and stable housing, participating in an educational/vocational program, developing life skills necessary to become a productive citizen, and remaining free from legal involvement. Youth Villages LifeSet specialists directly provide services to the young adults, carrying a small average caseload of eight to 10 youth. The specialists have multiple weekly contacts (via phone or face-to-face) with each young person in order to actively engage each youth. The program is based on a multiple systems approach so services are aimed not only at the individual but at all the areas (systems) that may affect the youth such as the community, their peer group, family, and school/work.

Youth in the Youth Villages LifeSet program are assigned a specialist who is responsible for aiding youth in every step of the transition process. Specialists are responsible for teaching skills and lessons associated with the focal areas and ensuring that youth are capable of accessing community resources such as medical attention, housing, and financial support. Specialists are available to the youth 24 hours a day, 7 days a week. They make a minimum of one face-to-face contact per week with the youth. The number of sessions can be increased based on the individual needs of each youth. The focal areas of Youth Villages LifeSet include the following: permanency, education, employment, housing, basic independent living skills, and youth engagement. To support youth in their transition to adulthood, the program uses evidence-based interventions and best practices in the following areas: trauma, pregnant/parenting youth, substance abuse issues, physical and mental health, domestic violence, financial literacy, and basic independent living skills.

DCS continues to use Youth Villages LifeSet services. The maximum state liability under the contract for the Youth Villages LifeSet program partnership is \$3,000,000 per year, which is matched dollar for dollar by a foundation and other outside funding secured by Youth Villages to support this work. Since the inception of the grant in December, 2006, Youth Villages has served 4,904 youth in the YVLifeSet program. From July 1, 2017 through March 31, 2018, 660 youth were served in YVLifeSet funded by the DCS grant, with 286 of those youth still enrolled at the end of March. An additional 1,398 total youth (DCS grant and privately funded) participated in the program in FY 18 (through March 31st). 720 youth were served on a daily basis in FY 18 (through March 31st).

Upon discharge from the YVLifeSet program:

- 93% of youth live with family or independently
- 91% of youth are satisfied with the Youth Villages LifeSet program

At two years post-discharge:

- 85% are living successfully with family or independently
- 76% report no trouble with the law
- 83% are in school, have graduated high school, and/or are employed

Jim Casey Resource Centers

In addition to providing services directly through the wraparound funding discussed above, the Independent Living Division contracts with four resource centers in Memphis, Nashville, Knoxville and Chattanooga. The resource centers serve young people between the ages of 14-26 who have spent at least one day in foster care after the age of 14. The resource centers offer a financial education curriculum that features finance basics including: savings, asset building, credit, credit reports, money management, and budgeting. Participants receive assistance opening an Individual Development Account (IDA) and (if desired) a bank account with the banking partner, or a personal account at a financial institution of their choice. Participants are encouraged and supported as they make savings contributions towards the purchase of an asset. Once the participant is ready to purchase an approved asset, the resource centers match the savings contributions of the youth up to \$1,000 per year (\$3,000 lifetime) towards the purchase of the asset.

Other services provided directly by the resource centers or through referral include General Educational Development (GED) classes/preparation, life skills assessment and training, youth leadership, and activities designed to build social skills and civic engagement. They also assist youth by connecting them to job skills training, job placement (including limited paid internships), career counseling, and educational opportunities. Participants are also connected to resources and tools within their community to help them establish their own social capital and support networks.

Project Navigating Opportunities that Work (NOW) (Helen Ross McNabb, Knoxville)

Project NOW uses the evidence-based Jim Casey Model to help youth ages 14-24 who have been in foster care to develop financial skills. Project NOW continues to see high referral numbers in recent months. DCS and Youth Villages continue to be the two main referral sources. Over the past year Project NOW has enrolled 28 youth and has had 23 participants complete the program. Over the most recent quarter Project NOW has made seven matches, five of them being for vehicle purchases with two pending, one towards education and one for health reasons. Two youth have helped co-facilitate financial classes over the past year. A focus group made up of 10 youth meet with the Project NOW facilitator every three months to help with program planning. Debt reduction programming has prevented several Project NOW youth from facing eviction. Project NOW staff continues to encourage youth to take advantage of community service and leadership opportunities. Thus far, participants have taken advantage of many different speaking opportunities on topics related to Project NOW and foster care as well as some of personal interest to the individuals such as fitness and nutrition.

I.A.M Ready (Partnership for Children and Families, Chattanooga)

The I.A.M. Ready Center is the Chattanooga site for the Jim Casey Youth Opportunities Initiative that prepares youth aging out of foster care for the realities of the real world so that they may continue toward success. Since opening day of June 25, 2014 The IAM Ready Center has enrolled over 130 Youth in the program. Since January 2018, 55 youth have enrolled and the program has one asset purchase for \$1,000 that went towards a vehicle. The program has provided a total of over \$4,625 in asset purchases/matches to program participants for: Housing (\$1,625), Health (\$350), Education/

Training (\$650), and a Vehicle (\$3,000). I AM READY has partnered with an organization called CoLab to host an asset building class. The program has partnerships with Chattanooga Public Library, Partnership's Consumer Credit Counseling, Supplemental Nutrition Assistance Program (SNAP-Ed), and the Tennessee Valley Credit Union. The program collaborated with Court Appointed Special Advocate (CASA) program in Cleveland, Tennessee to offer a training site/ location for youth that normally traveled to Chattanooga to participate in the I AM Ready program in Cleveland. This partnership has been going well. I AM READY receives referrals from the following organizations: DCS, Chambliss, Omni Visions, and Camelot.

Dream Seekers (South Memphis Alliance, Memphis)

South Memphis Alliance (SMA) opened its doors in 2000 to help organize neighborhood associations in the urban communities of South Memphis. Over time, SMA expanded services to serve youth in foster care and families in crisis. Despite growth, SMA holds fast to its core belief that civic engagement is the bedrock of strong communities, and that strong communities promote stable families. To date, SMA has enrolled 65 youth in Opportunity Passport with 30 currently on the wait list, 28 in financially literacy classes, and assisted 10 in asset-specific purchases. Flextronics, a logistics company located in Memphis, awarded SMA with a \$10,000 grant to provide job readiness to 40 unemployed foster youth. The training was a four-week intensive training. The young people completed a two-week curriculum based training, and were then placed into a two-week practical training in which they received a stipend upon successful completion. A total of 46 young people have completed through the Job Readiness Program, exceeding the goal of 40. Last year SMA partnered with KaBOOM! (a national non-profit dedicated to bringing balanced and active play in the daily lives of all kids, especially those growing up in poverty in America), BlueCross Blue Shield of Tennessee Health Foundation, and Circles of Success Learning Academy to provide volunteers for the Playground Project during which 10 Dream Seekers participated in building a playground.

Youth Connections (Monroe Harding, Nashville)

Youth Connections is a resource center for young men and women, ages 16-26, who are currently in or have aged out of foster care or state custody. Since Youth Connections has been in existence, over 151 young people have obtained their High School Equivalency through their participation in the HiSet classes, and 80 percent of Stepping Stones participants have obtained employment with the assistance of the job coach. Also, in addition to young people learning sound financial management and the importance of saving, numerous youth have matched their savings through Opportunity Passport™ to purchase assets such as transportation, laptops for school, and investments in a Roth IRA.

Youth Connections is located on the third floor of McKendree United Methodist Church. This downtown Nashville location places the center in the heart of the city and makes it more accessible to program participants. The center is also near many of its community partners, including the Department of Children's Services, and closer to many resources such as the Nashville Public Library. The church has also provided volunteers, donations to the thrift closet and support for many of our events.

Youth Connections held two graduation ceremonies celebrating over 16 High School Equivalency and high school graduates. Many of the community partners, as well as the graduates' families attended the ceremonies. Monroe Harding awarded 10 scholarships that totaled just over \$10,000. The participants could use their scholarship money for tuition, rent, transportation, or needed

supplies for their post-secondary training. Students enrolled at several different higher education institutions including Tennessee State University, University of Tennessee at Knoxville, Nashville State Technical School, and Tennessee College of Applied Technology.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care.

DCS is the sole administrator of Education and Training Vouchers (ETV). The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and Bright Futures State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs youth are enrolled in, and the Scholarship Coordinator reviews this information and establishes ETV awards accordingly.

DCS uses various ways to support educational goals. DCS Family Service Workers maintain monthly contact with the young adult to support their goals and assist them with any educational needs. The Youth Villages LifeSet program continues to work with close to 50% of youth receiving Extension of Foster Care, to include assisting them with educational matters. Young adults in extended foster care who are still working on secondary educational goals maintain an Education Passport. Young adults are eligible for IL wraparound services and support that may cover tutoring (if needed). DCS aids with costs of post-secondary school attendance through the use of Education and Training Vouchers or a state funded scholarship, Bright Futures, and can pay for things like post-secondary applications using Chafee Foster Care Independence Program (CFCIP) funds.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Youth that exit to permanency through subsidized permanent guardianship (SPG) or adoption are eligible for some Independent Living wrap around services and the educational training vouchers. Letters continue to go out monthly to youth and families who, after attaining 16 years of age, left foster care for kinship guardianship or adoption. These letters remind youth and their families that they may be eligible for Independent Living Wraparound funding and Education and Training Vouchers (ETVs). A total of 25 youth and young adults who exited state's custody to adoption or subsidized permanent guardianship received DCS IL services between July 1, 2017 and March 31, 2018. There were 44 instances of service and total expenditures of \$76,953.10*. The chart (below) describes the types of services received, and the associated expenditures. Youth in this category who were 17 years of age when they transitioned to SPG or adoption are also eligible for YV LifeSet services; two youth who received a service directly from DCS also received YV LifeSet services.

**Adoption/SPG: Education and Training Voucher, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, and Expenditures
7/1/17 to 3/31/18**

Number of youth and young adults who received Education and Training Voucher Funding:	21
Instances of Service:	38
Total Expenditures:	\$73,655.44
Number of youth and young adults who received Bright Futures Scholarship Funding:	2
Instances of Service:	2
Total Expenditures:	\$2943.00
Number of youth and young adults who received Independent Living Wraparound Services:	2
Instances of Service:	4
Total Expenditures:	\$354.66

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.

In 2016, the Tennessee General Assembly passed and the Governor signed Public Chapter 679 establishing a reasonable and prudent parent standard for children in foster care. The reasonable and prudent parent standard allows children in care to participate in the same types of developmentally appropriate, socially and culturally enriching activities children would if living in their parents' home. The legislation exempts a caregiver acting in compliance with this standard from civil liability relating to injuries the child may incur in such activities.

DCS implemented the "Reasonable and Prudent Parenting Standard" including developed protocols and training to inform staff and providers. This provides a more normalizing adolescent experience for youth in foster care. Children in foster care should have opportunities for a "normal" adolescent experience. They should be able to participate in appropriate activities that help them develop interaction and judgment skills needed for success in adulthood. Implementation of a "Prudent Parent" approach means foster parents can make decisions regarding foster youth for such things as participating in sports, spending the night with friends, participating in extracurricular activities, etc., like they would for their own children. During this reporting period, DCS has included monitoring of this standard through the Program Accountability and Review (PAR) team. Provider agencies contracted with DCS are monitored for compliance and must demonstrate staff have been properly trained and are adhering to the standards. Agencies who are unable to demonstrate compliance are connected with DCS training who will provide training for the agency.

Each year a significant amount of wraparound and flex fund dollars that are budgeted for a range of individualized IL services and supports go unspent. This is due to a combination of an overly narrow understanding of what services are eligible and insufficient communication with field staff and Central Office about the availability of funding, what it can cover, and how to access it. The Division of Independent Living constantly works to ensure staff, community partners, and providers know about available resources available, and have developed and maintain documentation reflecting available resources and explaining IL Wrap services to providers, resource parents and young people. There is also ongoing expansion and clarification of the types of activities that can be funded through existing funding sources. This year the Office of IL has incorporated awareness and advertising about these services on all fronts with all partners. For example, in December 2017, IL presented to a large number of attorneys and GALS about transition planning. A significant emphasis around available service funding was added to the presentation. Feedback from participants was positive, many sharing their unawareness of such services, while several felt awareness of such services should rely on DCS and more specifically, the Family Service Worker.

Independent Living partnered with Dream Makers to financially assist EFC youth with things that aren't covered in the IL Wrap funds. Dream Makers is a program of the America's Kids Belong and strides to help impact and inspire youth that are aging out and or have aged out of the foster care system. Since partnering with Dream Makers they have fulfilled seven dreams: four laptops, one apartment deposit, one care basket, and one prom attire. There are currently five pending dreams waiting to be fulfilled.

The Independent Leadership Academy Camp hosted by Harmony Family Center, and funded through Tennessee's Federal Personal Responsibility Education Program (PREP) takes place over the course of two days at Camp Montvale in Maryville, Tennessee. Camp activities include ropes course, wall climbing, swimming, hiking, cooking, budgeting session, healthy relationship session, SHARP class, vision boarding activities, and equine therapy. Last year Leadership Academy Camp served nearly 100 youth. In 2018, 17 youth have attended the camp and there are two more camps scheduled for May and June.

Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth

The Prudent Parenting protocol contains a section on LGBTQ youth. The section reads, "Exploring sexual and gender identity is a typical part of growing up. Youth identifying as LGBTQ should be provided the same opportunities as any other child/youth. At the same time, they may need additional or special support to manage exploration of their identity in a safe and nurturing environment. This may include: participating in LGBTQ support groups, or the activities of LGBTQ organizations, or experimentation with different styles of dressing and self-presentation. Flexibility is needed for youth participating in activities that would create safe spaces for LGBTQ in foster care. Caregivers should seek assistance and information on resources and opportunities for these youth if not aware of them and seek consultation with the child/youths worker, when needed. In order for youth to find activities that best suit their specific identity, locations of the activity might be further away and therefore require accommodating transportation and or adjusting a curfew. Refer to DCS Policy 20.20, Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression for additional information."

Some additional considerations for LGBTQ youth may include:

- Providing and securing clothing that is aligned with the youth's personal gender identity;
- Use of pronouns that the youth has requested ex: he, she and proper name usage;
- Access to health services that specialize in gender identity needs;
- Following the treatment plan set out by the health care provider with special attention to any gender related medical conditions;
- Support and advocacy for LGBT students/ individuals in social and educational setting as requested by youth;
- Checking in with child/youth to ensure they feel supported and accepted in home.

In policy 20.20, DCS is committed to providing all youth and families served a safe, healthy, inclusive, and affirming environment. ALL DCS employees and persons are prohibited from discrimination based on race, ethnicity, creed, color, age, sex, national origin, religion, mental or physical disability, gender identity, gender expression, sexual orientation, and alien/citizenship status. DCS shall provide services to all children/youth to ensure safety and well-being, to promote dignity and respect for all children/youth and families inclusive of their gender identity, gender expression, and sexual orientation, and to protect their civil rights consistent with State and Federal laws including youth who identify as lesbian, gay, bisexual, transgender, and intersex (LGBTI). Policy 20.20 refers to guidelines and operational practices for employees and providers who work with LGBTI children/youth to ensure appropriate and equal treatment is provided to protect the safety and well-being of all children/youth in their care.

In congregate care settings and Youth Development Centers (YDC's), staff are required to have training experience that will provide detailed information on effective and professional communication with residents to include lesbian, gay, bi-sexual, transgender and intersex residents. Ongoing discussion and work will occur about this topic to ensure affirming and safe placement settings, such as:

- Defining appropriate terminology to use when communicating with the Lesbian, Gay, Bi-Sexual, and Transgender and Intersex (LGBTI) population.
- Conducting professional communication with residents, including LGBTI residents.
- Reviewing and understand any relevant agency policy specific to LGBTI residents.

DCS implemented a workgroup that meets monthly that consisting of juvenile justice, Child Protective Services, programs, training, and well-being staff to discuss LGBTQ issues and help regions deal with difficult cases. The workgroup has brought in topical experts from Oasis Center to help address cultural competency and help revamp policies and training.

Youth Engagement Activities

The Independent Living Youth handbook and "Guide for Teens in Care" is provided to all youth when they enter custody. The handbook is used to ensure youth understand their rights and areas of ongoing skill development. The handbook was developed in collaboration with Youth 4 Youth (Y4Y) boards, the University of Tennessee Social Work Office of Research and Public Service, and DCS. Engaging adolescents in planning and decision-making regarding their own lives—and the larger community—reaps critical benefits throughout the process of transitioning to adulthood. Along with the ongoing transition planning, providing and supporting normalcy activities, and assisting youth in permanency and preparation for adulthood, DCS and partners work towards creating many youth engagement activities. Below are some of the activities that went on in FY18:

- Reality Check
- Celebration of Excellence Events
- College Prep Workshop at DCS Corporate Street in Memphis
- Focus Groups in Memphis, Nashville and Knoxville on EFC Expansion and EFC name change
- Y4Y organized water giveaway for the homeless
- Y4Y Youth Advocacy "Self-Care" Awareness workshop in Memphis
- Tennessee College of Applied Technology (TCAT) Tours
- Middle Tennessee State University College (MTSU) Tour
- Nashville State College Tour
- Y4Y with special guest speaker around mentoring
- Leadership Academy Camps at Camp Montvale

The National Youth in Transition Database (NYTD) collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. States began collecting data in 2010, and the first data set was submitted in May 2011. DCS uses National Youth Transition Database (NYTD) data to help understand practices for transition-aged youth.

Describe how the state, since the 2015-2019 CFSP submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

DCS continues to inform internal and external stakeholders about outcomes for older youth. The data shared in various meetings includes outcomes for education, and employment. Opportunities to share this type of NYTD information continued to occur primarily during Youth Transitions Advisory Council (YTAC) meetings, and was again included in the YTAC Annual Report. The YTAC report is shared with the state legislature and is publically available. DCS also included use of NYTD data in its state plan with Annie E. Casey/Jim Casey Youth Opportunities Initiative, to report on quarterly benchmarks.

Strategies to include current and former foster youth in the NYTD process is part of an enhanced youth engagement model, currently in development. Beginning June 1, 2018, DCS plans to more specifically and significantly involve young adults currently receiving Extension of Foster Care Services in its NYTD work. DCS plans to deliver training for a group of young people in August 2018 that will provide an overview of NYTD, the data captured using NYTD, how DCS currently use the data and ways DCS can use the data to improve services. DCS also plans to utilize young people in NYTD outreach efforts to improve the number of surveys completed each period. Young people are full of fresh new ideas and incorporating them in the NYTD work is just one way the Department plans to strengthen its partnership with youth and young adults.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP or NYTD Assessment Review. States are reminded that information related to NYTD can be viewed in “snap shot” format on the NYTD portal. While the “snap shot” only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care.

Tennessee continues to work on the NYTD Quality Improvement Plan developed following the Pilot NYTD Assessment Review conducted in September 2015. The following are the more significant findings addressed or still outstanding and the status of corrections since the last APSR submission:

- TFACTS NYTD survey is not correct: The NYTD baseline and follow up surveys were developed in REDCap (a secure online web application for building and managing online surveys and databases), and implemented in production. The surveys include enhanced purpose information and informed consent and can be completed independently by clients, unlike the previous version built into the state's SACWIS. The surveys now contain the correct questions, responses, and conditional logic. The Baseline and Follow up survey versions have both been utilized to collect data for the NYTD 2017A and B and NYTD 2018A periods, which resulted in compliant submissions.
- Data was not being pulled from the most recent person records in TFACTS: This is an issue when youth in the NYTD survey populations are adopted and post adoptive identities are created. The extraction code was updated to ensure the most recent record is used for data collection purposes. There was one sample client record in the NYTD 2018A period that did not match with historical ID data in the NYTD Portal, which was corrected prior to file submission. The NYTD technical team with Tennessee Strategic Technology Solutions (STS) is researching why this occurred, and will ensure that the issue is corrected in the TFACTS data warehouse. Tennessee STS is also working on the Adoption and Foster Care Analysis and Reporting System (AFCARS) ID update, and gathering information from the federal NYTD team to determine the best course forward.
- Could not determine when the state identified youth could not take the survey: A REDCap survey version was developed that allows entry and tracking of non-participation reasons and the dates those determinations were made. This addition increased supervisory controls to the process. There were lessons learned from the first Baseline periods (NYTD 2017A and B) that included non-participation data derived from this survey version. Tennessee STS had some difficulty maintaining the history of participation across the two survey periods, which resulted in the need for considerable research and identification of the correct Baseline data to extract so a correct and compliant file for the NYTD 2017B period could be submitted. A meeting to review and correct the issues still needs to be scheduled.

The state is strongly encouraged to consult with youth advisory boards to devise a new outreach strategy for the NYTD survey. At minimum, DCS suggests that the state include a standard "youth-friendly" script or introduction at the beginning of the survey to describe the purpose, benefits and confidentiality of the NYTD survey. Also, Inform youth and stakeholders of the survey's purpose, and NYTD in general.

As previously reported, the script at the beginning of the survey was vetted with youth board members. The script was incorporated into the REDCap NYTD surveys. It is read to survey participants, if a staff person is assisting with survey administration, or the survey participants read and acknowledge reading it themselves. Please see above for information on plans to more significantly incorporate youth into Tennessee's NYTD process.

The program code includes logic to report the most recent grade completed if the youth completed a General Equivalency Diploma (GED). However, there is no logic to check if the youth is in a vocational training program and report "post-secondary" for this element. Also, the state does not have sufficient logic to determine the value "college" for element 18. Currently, the state only reports "college" for surveyed youth who report "yes" for the survey question that corresponds to element 46. Consequently, non-surveyed youth in college and surveyed youth who may be enrolled in college but who have not yet achieved a college degree will not have the correct educational level "college" for element 18. Also, there is a need to clarify about when the new value/option "12+" is to be used on the TFACTS screen. It appears there are other post-secondary educational options in the menu, so it's not clear why "12+" is used at all:

The collection of this educational information was re-mapped in the extraction code to solely pull from the applicable education record, and the correct values were added to this record to reflect the post-secondary programs cited. The value labeled "12+" was disabled in TFACTS Production, but a recent/subsequent build to enhance other aspects of the education records did not account for this fix, and overrode it. Another request has been submitted to correct this issue again.

Additionally, the following NYTD Quality Improvement Plan items are still outstanding:

The state must revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DCS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). DCS needs to develop a way for placement providers and others that the Office of Independent Living has direct contracts with, such as Youth Villages and the Resource Centers, to document such services and educational information for youth served external to DCS. It will need to be included in contracts. Need documentation regarding the state's action plan, RE: business process plan, data quality reports or plan.

An enhancement request to develop TFACTS records that allow easier data entry was submitted to the DCS Office of Information Systems (now STS) in September 2016, and there has still not been progress to date due to project priority issues.

The state should consider expanding training opportunities for state staff involved in administering the NYTD survey in order to improve its survey participation rate.

State staff do not generally administer the NYTD surveys in Tennessee. DCS provided refresher training for Youth Villages' staff (who is contracted by DCS to locate clients and administer the NYTD survey data collection) on June 13, 2017 and July 20, 2017. DCS plans on re-distributing a NYTD presentation that will include NYTD data and comparisons between reporting periods following the NYTD 2018B file submission. DCS also plans on providing NYTD refresher training for DCS Independent Living Specialists in August 2018.

The state is strongly encouraged to develop and implement a plan to stay in touch with and to collect updated contact information from youth who leave foster care between survey waves. Please provide an update on the state's efforts to engage the Youth Advisory Board on locating strategies. Was anything decided? New plans developed?

DCS is implementing a new and robust youth engagement model that includes strategies for developing stronger youth boards, which will include more significantly including youth in Tennessee's NYTD process. See above for more information.

The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services and the quality of services. The state should engage young people in developing and implementing these plans. Please provide more information about the NYTD data analysis conducted and shared with partners.

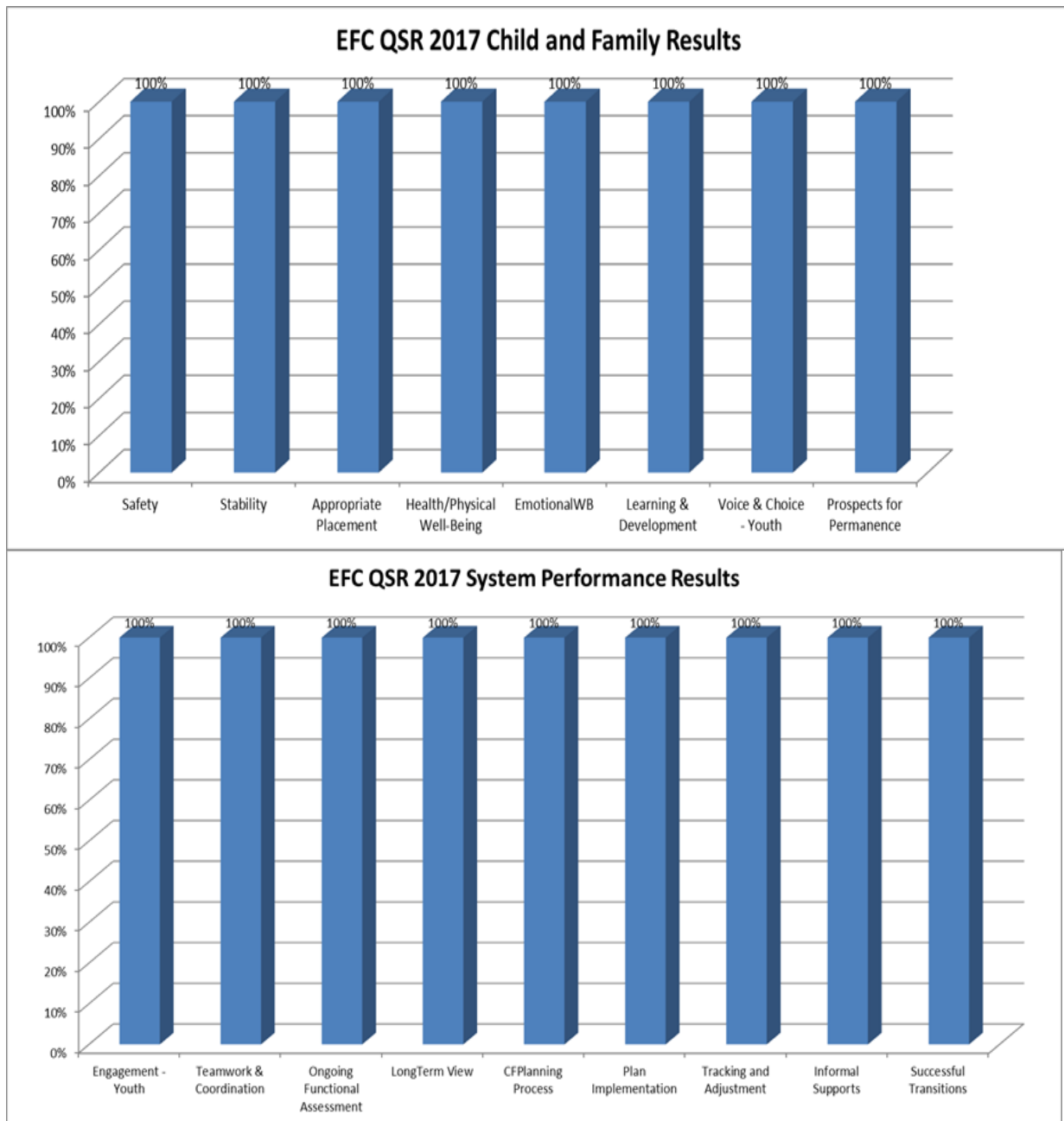
NYTD data continues to be included in the annual Youth Transitions Advisory Council report, released October 2017. This report is also provided to the Tennessee legislature, and agency partners and stakeholders, and the public. Page 8:

<https://www.tn.gov/content/dam/tn/tccy/documents/ytac/yt-ar-17.pdf>

DCS maintains a NYTD page on its Independent Living website, and will develop and post updated data along with information describing its use. This effort will be done in collaboration with youth partners.

The state is strongly encouraged to incorporate older youth cases into its QSR process and to develop performance measures using NYTD data to raise visibility of practice issues impacting transitioning youth. Need documentation regarding the changes made to the state's QSR process.

The QSR process for EFCS clients is available and continues to be implemented. This particular QSR process has been in place for less than two years, so the focus was on implementation of the review process itself. During the 2017 QSR process twelve EFC cases were reviewed (one case per region). A QSR supplemental guide was developed in 2016 that provides information more reflective of circumstances and practice for older youth to support reviewers when rating indicators. All cases showed acceptable ratings for the Child and Family and System Performance indicators reflected in the charts below. The plan is to discuss inclusion of NYTD data with the QSR Director by June 30, 2018.



CB-06/16/2016: Question:

- Does TFACTS allow for recording the sending state agency code for ICPC cases?
- Is the sending state agency code recorded on the case_agency_link (county_code) table?
- What is the scenario/condition when the value for this element is reported as "centralized unit"?

The extraction code is defaulting to Centralized Unit instead of a FIPS county code if the Responsible County /Region record is blank. This record has mandatory fields and usually auto populates from

intakes, and the last submission did not appear to include any Centralized Unit values. However, Tennessee may want to use Centralized Unit in the future, especially when providers start entering services more for youth not in foster care. There is no way to reflect "Centralized Unit" in TFACTS. Even if DCS Central Office is picked as the organization on the Responsible County /Region record, a FIPS county value needs to be selected. The enhancement request to add out of state FIPS codes/values to TFACTS and also add the ability to select Centralized Unit was submitted October 14, 2016, and is still not implemented due to project priority issues.

The state is to add supervisory controls to ensure that information on a youth's tribal membership is entered/updated timely In-Progress, Need TFACTS screens and updated extraction code.

The enhancement request was submitted October 14, 2016. The correct label and tribal membership values are available in TFACTS, but there is no enforcement of this data's entry. It is captured in practice via a custody intake packet. Discussions were planned to identify a trigger point in the TFACTS workflow where it would make sense to put in a validation rule to require this information, and an enhancement request was submitted to add a "Yes/No" prompt on the TFACTS Person record, but this did not occur due to project priority issues.

The state is to establish supervisory controls to ensure that information on a youth's education record is entered/updated timely, especially for youth who are no longer in the state's custody (this includes special education/IEP data). In-Progress, Need updated extraction code.

There is still discussion about developing an interface between the state's Department of Education data collection system and TFACTS, but there has not been progress on this initiative. DCS did receive the ability to review education data via the P-20 system, which can be viewed as a preliminary step toward DCS and the Tennessee Department of Education jointly ensuring data quality as an interface is pursued. There is also discussion about generating pop up messages at various points in the TFACTS workflow, such as during the development of permanency plans when educational information is required, that prompt the workers to update education data using the applicable records. Progress on this has still not been made. Office of Independent Living staff continue updating education records for youth who receive Education and Training Voucher (ETVs) or the state funded Bright Futures scholarship, and for youth who exited custody to adoption or SPG who are receiving an independent living service. DCS submitted a request to ACF to participate in the NYTD Data Challenge, which is focused on improving the collection and use of education data, and is waiting for more information on starting that effort.

Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).

The Tennessee Youth Transitions Advisory Council (YTAC) was established by the Tennessee Legislature to report on and makes recommendations regarding the efforts to improve outcomes for youth transitioning to adulthood. The YTAC 2016 Annual Report (released in October of 2016) presents a detailed discussion of many of the independent living services and supports provided by DCS and its partners (including both private agencies and other state departments), highlights DCS strategies for improving its work with older youth and progress in implementing those strategies,

reports on efforts made by DCS in response to previous recommendations of the YTAC, and sets forth both continuing and new recommendations. While the YTAC has identified areas for on-going work and improvement, the issues identified by and large are not related to any significant gaps in “the range of independent living services” for older youth in care or any lack of “sufficient resources to provide independent living services to all children who qualify for them.” Additional information about YTAC including last year’s and previous year’s annual reports can be found at <https://www.tn.gov/tccy/topic/ytac>.

Coordinate services with “other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.

Homelessness

The *Tennessee State Plan to End Homelessness* was developed by the Tennessee Interagency Council on Homelessness and aligns with the United States Interagency Council on Homelessness’ plan, Opening Doors. The Tennessee Interagency Council on Homelessness was reconstituted from a similar council that had been inactive since 2009. In September 2015, Governor Bill Haslam signed Executive Order No. 49, appointing the Tennessee Department of Mental Health and Substance Abuse Services as lead administrator of the current council.

The plan’s three goals are to:

- End veteran and chronic homelessness by the end of 2017
- End homelessness for families with children and youth by the end of 2020
- End all other homelessness by the end of 2025

The plan is organized around five main themes and the ten objectives of Opening Doors. It includes Tennessee’s measures of success for the first year of plan implementation. It is the hope of the Council that the Plan will be used as a road map for all Tennesseans interested in preventing and ending homelessness. These five themes are:

1. Increase Leadership, Collaboration, and Civic Engagement
2. Increase Access to Stable and Affordable Housing
3. Increase Economic Security
4. Improve Health and Stability
5. Retool the Homeless Crisis Response System

In the fall of 2014, the Council was re-energized under the leadership of E. Douglas Varney, Commissioner of Mental Health and Substance Abuse Services, and included the following representatives as required in the RFA:

- Department of Mental Health and Substance Abuse Services
- Bureau of TennCare
- Department of Health
- Department of Veterans Services
- Tennessee Housing Development Agency
- Shelby County Government, as a CABHI grant recipient
- Metropolitan Government of Nashville-Davidson County, as a CABHI grant recipient

- A person who has experienced homelessness and/or mental illness or substance use disorder
- A veteran
- SSI/SSDI Outreach, Access, and Recovery state lead
- The Grant Project Officer from Substance Abuse and Mental Health Services Administration

Strategic and time-sensitive goals were established to address and solve homelessness among the three primary target populations in Tennessee with the objective to effectively ending homelessness among the most vulnerable citizens in Tennessee by 2020. The goals provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

Objective 8 focuses on youth to “Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice” and includes the following three action steps:

- 8.1 Ensure Runaway Homeless Youth (RHY) data and/or youth at risk for adult homelessness will be included in the data repository.
- 8.2 Increase outreach through the identification of outreach providers in each CoC to effectively identify and engage youth at risk for or experiencing homelessness and connect them through a coordinated entry and exit systems to trauma informed, culturally appropriate, and developmental and age appropriate interventions.
- 8.3 Enhance current low barrier emergency, crisis services and housing services for homeless youth and children in homeless families.

In the Summer of 2017 the Council met several times to update the plan, consider priority goals for the work and set direction of the project. Since then leadership over the Council has changed and little movement has been made at this time. Additional information about this project including the updated plan can be found at <https://www.tn.gov/behavioral-health/mental-health-services/housing---homeless-services/housing---homeless-services/tennessee-state-plan-to-end-homelessness.html>.

DCS connects youth that may be homeless or who are homeless to YVLifset services and a local homeless Continuum of Care (CoC) to help find housing. Tennessee Housing and Development Agency (THDA) have placed an increased emphasis on serving former foster youth due to their high risk of homelessness. THDA provides funding for four programs serving transition age youth at Monroe Harding, Oasis Center, Crossroads Campus, and Omni Community Services.

Keystone Development, INC. a 501c3 non-profit founded by Johnson City Housing Authority (JCHA) in 2012 started the Homes for Youth (H4Y) program to provide housing solutions for youth aged out of the Foster Care system in 2013. DCS started placing homeless youth age 18 and older in JCHA's public housing zero and one bedroom units in 2014. The demand for housing exceeded capacity so Keystone decided to expand housing options by constructing new units.

Keystone Development INC. in 2016 applied for grants from THDA's Housing Trust Fund (HTF) and Federal Home Loan Bank (FHLB) of Cincinnati's Affordable Housing Program (AHP) to build twelve

single bedroom units with six units designated for elderly/disabled and six units for youth aged out of foster care system. They built twelve single bedroom units on a property that had four blighted houses for the total cost of \$1.6 million and completed the project in September 2017. They plan to build another twelve single bedroom units at this location later this year to house nine elderly/disabled adults and three youth aged out of foster care.

DCS continues to use the “predictor of Homelessness report.” This report assists DCS with appropriate planning and understanding about risks for homelessness and is updated daily and available upon demand. DCS works towards meeting with local homeless CoCs to develop processes for notification of homeless individuals and creating a two-way referral process to help refer youth to CoCs and help CoCs identify and refer former foster youth to DCS.

Pregnancy Prevention

DCS continues to provide oversight for TN's Federal Personal Responsibility Education Program to implement the evidence-based pregnancy prevention Teen Outreach Program® in selected congregate care settings, and the initial results are promising. DCS has expanded the grant to use the Sisters Saving Sisters curriculum. The four Jim Casey Resource Centers support Sisters Saving Sisters, a skill-based program designed to reduce the risk of unprotected sexual intercourse among sexually experienced Latino and African-American adolescent females. The program provides culturally and developmentally-appropriate small group sessions that focus on HIV and sexually transmitted disease (STD) risk reduction.

This past year DCS recognized a gap in service for males as only a female curriculum was available. After discussion with the Resource Center sites and youth, DCS applied for funding through the Jim Casey Youth Opportunities Initiative for seed money to purchase an identified curriculum and train staff to deliver the service to male youth. The grant was approved and DCS is currently in process of identifying a male-focused curriculum to implement with a target implementation date by October 2018.

Beginning in early 2012, DCS, the University of Tennessee Center Of Excellence for Children in State Custody and Oasis Center launched the Youth Development Learning Collaborative to disseminate Wyman's Teen Outreach Program (TOP®) to Level 2 and 3 congregate care facilities in Tennessee. TOP® is an evidence-based youth development approach designed to help adolescents develop life skills, healthy behaviors, and a sense of purpose.

Key elements of TOP® include:

- Twice weekly curriculum-guided discussion groups that are active and engaging and in which youth do most of the talking;
- A significant amount of time spent in youth-driven community service learning projects, at least 20 hours in a four month period;
- Caring adult staff who believe in youth and help them build on their strengths.

TOP® has proven effective in increasing graduation rates and reducing teen pregnancies and other negative behaviors among program participants. Furthermore, TOP® helps congregate care providers “normalize” their settings by engaging youth in experiential learning, healthy risk taking, and everyday activities that promote growth and development. TOP® provides youth with experiences, not explanations. Preliminary data and anecdotal reports indicate implementation of

TOP® is helping providers meet key outcomes for youth, i.e., reduction of days in congregate care, increases in permanent exits from care, and reduction of reentries into care.

Tennessee providers currently implementing TOP® are Volunteer Academy, Upper Cumberland Resource Agency, Florence Crittenton, Youth Opportunity Investments, Madison Oaks Academy, and Holston United Methodist Home for Children, Youth Villages, True Core The Academy, Woodland Hills, Stones River, Porter-Leath, Wilder, and Juvenile Court. Between October 2017 and March 2018 TOP® served 839 youth statewide.

Monroe Harding's Youth Connection, a Jim Casey Resource Center, implements their Sisters Saving Sisters program called- S.H.E. (Sexual Health Education), which has been in existence for almost three years. Over the past year, SHE has educated over 60 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. Youth Connections has educated young women not only at the resource center but have also facilitated this program at residential facilities. The Sisters Saving Sisters (SSS) curriculum is a very comprehensive sexual education program and is a great tool to begin the sometimes-difficult conversations pertaining to sexual matters. After completing the SSS curriculum, many current participants have expressed a desire to keep the conversation going around this important topic. In response to the participants' needs, DCS will have monthly "Life Support" meetings to give young ladies a safe place to discuss sexuality and continue to have questions answered and voices heard. The "Life Support" name was suggested by a couple of the participants who stated that the monthly group would help them continue to make healthy decisions about their lives.

South Memphis Alliance (SMA), Jim Casey Resource Center has implemented the Sisters Saving Sisters program in FY 2016. Over the past year, SMA has educated over 130 young women on how to change behaviors to avoid contracting HIV and STDs and to significantly decrease chances of being involved in unintended pregnancies. SMA is providing outreach to all areas of Memphis and DCS is making referrals to this program daily.

Helen Ross McNabb, a Jim Casey Resource Center has implemented the Sisters Saving Sisters program and in the past year has served over 100 young women on how to change behaviors to avoid contracting HIV and STDs and to significantly decrease chances of being involved in unintended pregnancies. Helen Ross McNabb is providing outreach to all areas of Knoxville and DCS is making referrals to this program daily.

Partnership for Children and Families, a Jim Casey Resource Center has implemented their Sisters Saving Sisters program over FY 2016 and has educated over 80 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies in the past year. Partnership is providing outreach to all areas in Chattanooga and some surrounding counties. A focus moving forward will be to do outreach and programming in Meigs County.

The chart below shows that the number of girls in Tennessee state custody remained consistent from 2011-2015, but the number of births fluctuated quite a bit from year to year, and by extension so did the birth rate. As a result, it is difficult to draw any conclusion about trends over time.

However, of the population of girls in state custody, ages 15-19; on average, there were about 17 births per every 1,000 girls.

Birth Rates Among Teens (15-19 years old)

Birth Rates Among Teens (15-19 yrs) in DCS Custody, TN, 2011-2015			
Year	Number of Births	Number in Custody	Birth Rate per 1,000
2011	74	2,716	27.2
2012	29	2,807	10.3
2013	60	2,847	21.1
2014	39	2,885	13.5
2015	42	2,880	14.6
2011-2015	244	14,135	17.3
<i>Data sources: TennCare (number of births) and DCS (number of girls in custody).</i>			

Collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.

In response to the Preventing Sex Trafficking and Strengthening Families Act that was signed by President Obama on September 29, 2014, DCS took swift action to ensure compliance with the law according to the statutory timelines.

DCS established a tracking system within TFACTS to track alleged victims of human trafficking to report the number of alleged victims to the federal government by September 29, 2017. Divisions within DCS updated policies and procedures to incorporate a specialized response to cases involving victims of human trafficking which includes partnerships with statewide law enforcement special agents and non-governmental anti-trafficking service providers. Various divisions updated policies and procedures to comply with the requirement the Human Trafficking policies and procedures be written by September 29, 2015 and then implemented by September 29, 2016. Finally, DCS organized a workgroup of DCS employees from various divisions and external community partners such as law enforcement, universities, non-profit organizations, and district attorneys to develop a mandatory training for all DCS employees and foster parents that details the requirements for the new tracking system and the new policies and procedures. This training has been delivered to DCS employees and has been incorporated into the training curricula.

DCS collaborates with government and community entities via the Youth Transitions Advisory Council (facilitated by the Tennessee Commission on Children and Youth) and in ongoing practice, to address the transition needs of youth and young adults in the child welfare system. Some of the council's members include governmental agencies such as the Bureau of TennCare (Tennessee's Medicaid agency), Department of Health, Department of Mental Health, Department of Intellectual and Developmental Disabilities, Department of Labor and Workforce Development, Tennessee Council on Developmental Disabilities and the Tennessee Housing Development Agency.

Educational partners include the Department of Education, Tennessee Board of Regents and the University of Tennessee system. Community partners include Oasis Center, the Tennessee Alliance for Children and Families, and Tennessee Court Appointed Special Advocates (CASAs). The work of this council and other collaborations serves to identify needs and coordinate a wide array of services to children who are transitioning to adulthood out of foster care. Some of these services include: contracts with providers, including Youth Villages' LifeSet program and four Jim Casey resource centers, housing assistance, mental health services, family planning services, independent living skill development, credit counseling, specialized services for pregnant and parenting youth, education and vocational services, ensuring youth have important documents such as birth certificates, photo IDs, social security cards and other services. These partnerships are supported by robust DCS Transition Planning policy and practice where plans for youth are individualized based on assessments and youth engagement. The collaborative efforts of government and community partners promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of sex trafficking.

Provide specific training in support of the goals and objectives of the states' CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living.

In the fall of 2017, the Jim Casey Youth Opportunity Initiative released a paper titled *The Road to Adulthood*. This paper was designed to serve a roadmap to:

1. Train and equip practitioners to understand the role of trauma and racism, and employ effective practices to help young people understand their experiences and develop effective strategies for healing and growth.
2. Prioritize legal permanency for all youth. This requires creating an intentional, deliberate culture of recognizing and advocating against old attitudes and assumptions, as well as stereotypes that have often negatively affected reunification, the type of home where a child is placed, adoption and length of stay for older youth and youth of color. Use disaggregated data and racial impact analysis tools to hold the system accountable and develop strategies for improvement.
3. Understand that foster care carries a level of stigma, affecting successful educational outcomes and opportunities for employment. Promote a range of career pathways, from student leadership opportunities to community service, job shadowing and internships, and build connections with guidance counselors and coaches to create on-ramps to college and a career.
4. Build connections with local housing providers to ensure adequate and safe housing for youth while encouraging youth choice and voice. Understand that race and ethnicity stubbornly remain predictors of where one can live and be accepted by the local community.
5. Understand that young parents and their children are both in important stages of their brain development. Support practitioners to help young parents continue to make progress toward their educational and employment goals, build self-sufficiency, maintain healthy relationships and support them as the primary nurturers of their children.

Terms used throughout the paper are defined in a glossary at the end of the text, followed by a resources section to help those who work with young people learn more.

In addition to the paper several summarized handouts applying practical knowledge to real casework with information and advice for working with youth were released. DCS has since distributed these materials and information to staff and providers. DCS worked to further this information through developing training specific to understanding the special needs of youth and the effects of trauma on brain development and how staff can better work with and support youth. DCS has received permission to use these materials in developing a training and is working with partners to develop a curriculum.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Provide results of the Indian tribe consultation (section 477(b)(3)(G) of the Act), specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care.

TN has no registered Indian tribes. Currently, all eligible youth of Indian/Native American heritage are allowed the same Chafee services and incentives that are available to all other state custodial youth.

Education and Training Voucher Program

Describe the specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP.

TN continues to do outreach to youth and young adults that meet criteria for the ETV. Letters are sent out annually to youth who exited state custody at age 16 or older to adoption or subsidized permanent guardianship. Additionally, letters are sent to youth and families monthly to those who are within 90 days of their 18th, 19th, and 20th birthdays. TN DCS ILPS will contact aged out young adults who inquire about services and availability of ETV. DCS continues to encourage post-secondary institutions to invoice timely, to ensure use of FY ETV funds. TN DCS ILPS' will continue to discuss programs and assistance needed to support post-secondary completion.

If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.

No changes apply.

Juvenile Justice Transfers

According to data from TFACTS, of all children in care adjudicated dependent and neglected or unruly during 2017-2018, there were 77 (as of April 30, 2018) that transferred to the juvenile justice custodial population due to acquiring delinquent charges that made them best suited for services in DCS' Juvenile Justice system of care.